SUPPLEMENT

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NATIONAL INSURANCE.

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National Insurance.

British Medical Association.

REPRESENTATIONS TO THE JOINT INSURANCE COMMITTEE.

In accordance with the decisions of the State Sickness Insurance Committee at its meeting on May 8th (published in the SUPPLEMENT of May 17th, p. 452), the following letter has been addressed to the National Health Insurance Joint Committee:

May 16th, 1913.

Sir,

The State Sickness Insurance Committee, on behalf of the Association, has instructed me to communicate with you concerning the following matters, to which attention has been drawn by representations from several parts of the country.

Certificates for Sickness Benefit in Respect of Cases Attended by Midwives.

The rules of the majority of approved societies require that an insured person shall produce a certificate from a medical practitioner when claiming sickness benefit. The Committee understands that this requirement is adhered to by many societies as regards those cases of confinement in which sickness benefit can be claimed. In cases in which the confinement has been attended by a midwife, it is the custom to call on the medical practitioner on whose list the insured woman is to give a certificate for sickness benefit purposes.

It appears to the Committee to be unfair that the medical practitioner should be called upon in these cases to make a special visit, often at considerable trouble, merely for the purpose of making a statement that the woman has been confined, for which he will receive no payment.

The Committee, therefore, desires to urge the Commissioners to make it quite clear that under the terms of the agreements of practitioners with Insurance Committees it is no part of their duty to visit maternity cases which have been attended by midwives for the purpose of certifying the fact of confinement, and thereby enabling insured women to obtain sickness benefit.

Temporary Residents.

Memorandum 159 and 161 of the Commissioners, having reference to the question of the provision of medical benefit to temporary residents, received the careful consideration of the Committee at its last meeting. The Committee found itself unable to agree with the principle involved in the proposals contained therein—namely, that the fund from which practitioners would be paid for medical attendance upon temporary residents should be formed by deductions from moneys due to practitioners on whose lists such insured persons appear when at home.

The Committee being fully aware of the difficulties surrounding this question, desires, with a view to assisting in the removal of those difficulties, to suggest the following for the consideration of the Commissioners:

(*a*) That concerning that class of insured persons temporarily changing their residence for holiday or health purposes, the Regulations should be so amended as to provide that "medical benefit" shall not be understood to include medical attendance and treatment on such class while so temporarily resident; and

(*b*) That insured persons temporarily resident by reason of the nature of their occupations should be "required to make their own arrangements."

In making these suggestions for the consideration of the Commissioners, the Committee desires at the same time to urge that in the forthcoming amending Act provision should be made for the formation of a special fund, entirely apart from any moneys already allocated for medical benefit, to provide for the medical attendance and treatment of insured persons temporarily resident on account of ill health.

As regards proposal (*a*) above, it may be pointed out that no real hardship is entailed thereby, so far as concerns those insured persons simply away from home on holiday.

This class has always, in the past, been quite content to take its chance of having to provide for any sudden illness occurring at these times, and it is quite in a position to do so.

Those insured persons whose temporary residence is occasioned by ill health are, of course, the real difficulty, and the Committee appreciates that any Act having for its object the provision of insurance against loss of health and for the prevention and cure of sickness must of necessity make provision for this class. The Committee would, however, point out that in the past this class also has been recognized as outside the ordinary contributory contract medical practice arrangements, and provision, either individually or collectively, has always been made against sickness in the circumstances above described. Therefore, to place the cost of the treatment of either of these two classes, when temporarily resident, upon the medical profession (which the proposal of Memorandum 161, if carried out, would do) is imposing a burden upon the profession which it has never before borne, and which the amount of the remuneration provided for ordinary medical attendance does not justify.

Proposal (*b*) above is of course merely carrying out arrangements that have held good in the past, and the principle of which has already been recognized by the Commissioners in making provision for actors, travellers, etc., being allowed to make their own arrangements.

In connexion with this question of medical benefit for temporary residents the Committee, impressed by many urgent representations received on this point, feels that it is its duty to point out to the Commissioners that no arrangements will be acceptable to the profession which entail any deduction from the limited amount of money already available for medical benefit.

Publication of Details of Amounts Paid to Insurance Service Practitioners.

The attention of the Committee has been drawn to the practice obtaining in various parts of the country of publishing in the press details of the amounts due to individual practitioners for attendance under the Insurance Act upon the insured persons upon their lists. The Committee fully realizes that members of Insurance Committees are entitled in their official capacity to have this information, but it cannot perceive what good object can be served by publication in the local papers. It will be appreciated that from the point of view of the medical profession such a practice is to be strongly deprecated, and I am instructed to express the hope that the Insurance Commissioners will use their influence with the Insurance Committees in order that they shall not publish, or allow to be published, details of the amounts paid to insurance service practitioners.—I am, Sir,

Your obedient servant,
ALFRED COX,
Medical Secretary.

The Secretary,
National Health Insurance Joint Committee,
Buckingham Gate, S.W.

MEDICAL CERTIFICATES FOR SICKNESS BENEFIT.

OBJECTIONS TO INSERTING MEDICAL DETAILS AS TO NATURE OF DISEASE.

THE following statement has been forwarded to the Lancashire County Insurance Committee on behalf of the medical practitioners of Leigh (Lancashire County area 21) by Dr. G. H. Shaw, Honorary Secretary to the Leigh Medical Committee and to the Leigh Division of the British Medical Association.

The statement was drawn up for use at a conference between representatives of the Local Medical Committee and of the Lancashire County Insurance Committee. In the covering letter Dr. Shaw pointed out that medical practitioners could not follow the argument that an insured person who refuses to disclose his illness *ipso facto* agrees that he is not entitled to the benefits provided for him by the Act. The letter further pointed out that the male insured alone in the area who have corporately expressed their strong wish for non-insertion numbered over 12,000; their contention was that a certificate of incapacity was sufficient evidence, and that on producing such evidence they were entitled to their benefit as the money is not provided by the approved societies. The contract being a direct one between the State and the insured, they hold that a third body, not concerned in the contract but acting as the agent from one to the other, cannot arbitrarily withhold the benefit, as it is a statutory obligation on the one hand and a statutory right on the other.

Statement.

It is asserted freely that the medical profession in this and other areas, by their action in this matter, are wilfully and maliciously embarrassing the approved societies in the performance of their duties, and so obstructing the working of the Act. We think we may be absolved from the charge of such a stupid and foolish action.

We have undertaken to do our part in the administration of medical benefit, and we earnestly desire that this administration shall run smoothly and efficiently, so that the insured shall receive to the full the benefits the Act provides, without moral or material damage to their common rights.

It is said that we are not keeping our contract.

We desire that this point shall be made quite clear and beyond dispute.

Before we undertook service we had certain documents and statements placed in our hands. These are as follows:

1. Explanatory statement as to medical benefit as affecting medical practitioners, issued by the Insurance Commissioners, it is stated there under the heading "Records," page 5, "In this way any risk of violation of professional secrecy will be obviated."
2. Memorandum as to medical benefit, furnished to the British Medical Association by the Chancellor of the Exchequer. In Section VI, Records and Reports, Clause 30, we find the following: "Thus secrecy will be secured, and any danger of breach of professional confidence entirely avoided." Both these paragraphs refer to the elaborate precautions taken by the Chancellor and the Commissioners in the day books, and later in the cards, to avoid any risk of breach of confidence.
3. Statements repeated by the Chancellor and Mr. Masterman in the House of Commons that there is no possibility of any one knowing what a person is suffering from, and that professional secrecy is fully secured.

If words mean anything at all, this is a very precise and definite undertaking securing professional secrecy. In the words of the Chancellor, "Thus secrecy will be secured, and *any danger* of breach of professional confidence *entirely* avoided."

This undertaking, therefore, is the foundation and basis of our agreement with the Commissioners, through your Committee, as far as this subject is concerned. The only other contract we have entered into is a personal one—to give proper and adequate medical attention to the insured on our lists. We have not entered into any contract with any approved society, and we are not directly concerned with their rules.

Obviously the professional secrecy of the Commissioners and the Chancellor's "any danger of breach of which is entirely avoided" is not compatible with the disclosure of the patient's illness to a society through a collector.

It is suggested in a leaflet issued from the County Office on April 15th that it is a matter of opinion as to whether such disclosure is a breach of secrecy. We wish to understand each other and not to use phrases the words of which mean one thing, whilst the suggested meaning is something else.

Professional secrecy means respecting the knowledge we acquire in the intercourse with our patients and not disclosing that information to a third party; it does not mean, and can never mean, the exact opposite.

Moreover, if one can use comparisons of degree in such a matter, the requested breach of confidence takes place at its very worst point.

The disclosure takes place, not to impartial and non-interested bodies, such as the Commissioners or even the County Committee, but it takes place in the immediate surroundings of the insured, often to people or bodies who may have a direct interest in the insured. Thus the moral or material damage to the insured may be very considerable and affect their daily life.

The Act is a simple contract by the State to provide the insured, if they have paid certain sums, with certain benefits. We cannot find it suggested or contemplated in any part of the Act that such benefits would carry with them certain possible disabilities.

It has been heard on appeal, before the Lord Justices Vaughan Williams and Hamilton, and Mr. Justice Bray, that the approved societies could not impose conditions affecting the statutory rights of the insured, and "that

the right of a man to give satisfactory evidence, and certainly in the form of a medical certificate, was not a matter to be decided by the arbitration body of the society, but by the courts."

The ethical objections to such disclosures need only be considered by each of us in a personal way to be fully realized, especially in the case of females, the large proportion of whose ailments are connected with the sexual apparatus.

People generally object to such disclosures, and very rightly, as privacy in such matters is a right established by common consent and usuage for the protection of us all, and females intensely object.

That this is so, we may state in proof that none of us in this area have met a patient who voluntarily desires to have his ailments disclosed, nor do we know of any medical man who has. The only reason the insured ask for insertion of a condition is the threat of non-payment by the society.

We have here resolutions from the following bodies strongly supporting this statement—namely, National Union of Railwaymen, Cloggers, Engineers, Spinners, Wagon and Carriage Makers, Wheelwrights and Carpenters, Carpenters and Joiners, all the branches of the Miners' Federation, and the Labour party, numbering over 11,000 members.

All these are men's organizations; the females have no official mouthpiece, but we ask you to accept our statement on their behalf, as we have ample evidence from our patients.

We now come to the question which is the cause of the dispute between ourselves and the approved societies (a dispute which we consider ought to be a friendly one, without imputation of motives, other than on the one hand the protection of our patients and on the other the protection of funds), that is, the protection against malingering.

We spend all our lives amongst conditions which the approved societies have now for the first time to deal with, and we think the societies ought to realize that the medical profession are in no way responsible for these conditions. They are inherent to the problem itself, just so much as human nature is inherent to the problem. They are one and the same thing. How can we deal with the matter?

We ask the societies to believe us when we say that the insertion of a condition is no solution. What proof have we?

The reply is simple. The medical profession have a fuller knowledge of the conditions of our patients than ever the approved societies can hope to have, yet this has not solved the problem for us, and we have to deal with such cases every day of our lives. Some of the older and more powerful societies realize this, and do not demand the condition.

The solution—and this we are afraid will not be complete from the very nature of the case—can only be obtained by the willing and friendly co-operation of the profession and the societies. It should be obvious to every thinking person that, still respecting each other's rights, our interests are largely in agreement.

The work of the profession under the Act is laborious enough in all conscience without the profession suicidally adding to its labours by keeping people on our lists and on the funds who are not entitled to be on, if by any means we can possibly prevent it.

We can in many cases help each other, and if any society has doubts about any cases, we shall be only too glad to receive any information which may help us to decide many of these difficult cases and serve our mutual interests in lightening a little our daily toil and protecting the funds of the Act.

LOCAL MEDICAL COMMITTEES.

LIVERPOOL.

SINCE its formation on February 7th, 1913, the Liverpool Local Medical Committee has met fifteen times, the average attendance being 17 members out of a total of 26.

A standing subcommittee consisting of six panel practitioners was appointed to consider and report upon any points of detail arising out of administration of medical benefit.

A formulary has been adopted by the Committee for the use of medical men on the panel. It has been approved and will shortly be published under the auspices of the Liverpool Insurance Committee.

The following tariff was adopted by the Committee and approved by the Liverpool Insurance Committee for insured persons permitted to make their own arrangements for medical benefit, provided that the statutory sum allotted be sufficient for this purpose:

	£	s.	d.
For visit at patient's home	0	2	6
For consultation at doctor's surgery	0	2	0
For special visit (if notice be given by 10 a.m.).	0	3	6
For night visit (8 p.m. to 8 a.m.)	0	5	0
For surgical operations requiring local or general anaesthetic or the treatment of miscarriage or abortion	1	1	0
For setting a fracture...	1	1	0
For reduction of dislocation	1	1	0
For administration of a general anaesthetic ...	1	1	0

A conference of subcommittees appointed by the Local Medical and Pharmaceutical Committees respectively was held with the object of: 1. Revising the tariff of drugs. 2. Considering (*a*) the question of extra fees for dispensing out of the regular hours; (*b*) the question of "repeat" prescriptions; (*c*) stock mixtures.

It was decided that no proprietary articles be admitted to the official list of drugs.

The question of securing the identification of insured persons was discussed, and it was resolved that the attention of the Liverpool Insurance Committee should be drawn to this subject.

It was decided unanimously that every member of the profession in the Liverpool area should be asked to contribute 5s. to cover the expenses of the Committee during the first year, and Dr. S. Hamilton Shaw, of 23, Prince's Avenue, was appointed Honorary Treasurer.

WEST RIDING OF YORKSHIRE.

THE eighth meeting of the Local Medical Committee for the West Riding of Yorkshire was held on May 9th. Dr. MAY was in the chair, and twenty members were present.

The SECRETARY reported that the resolutions adopted at the previous meeting regarding rules for medical benefit and income limit had been communicated to the Clerk of the Insurance Committee.

Charges for Emergency Dispensing.—It was announced that since the conference between the Committee and the chemists the Insurance Committee had arranged to pay a flat rate of 6d. per prescription for emergency dispensing as from April 13th.

New Representatives.—Dr. John Orford was appointed the Representative for Pontefract and Dr. W. Craik for Swinton.

Excessive Ordering of Drugs.—A letter was read from the Clerk to the Insurance Committee enclosing statement of account for special drugs ordered by a panel doctor, and it was resolved, in view of the powers of the Local Medical Committee in such matters as set out in Regulation 46 for checking extravagant prescribing, to ask the practitioner to attend the next meeting of the Committee to explain his prescribing for the last quarter.

Range of Medical Service.—A letter was read from a panel doctor inquiring what fees he might charge in the case of an insured married woman attended through a long illness, including confinement with eclampsia, etc. The Committee adopted a resolution expressing the opinion that the medical man could charge what he considered a suitable fee for the confinement, and that the practitioner called in to assist him at the confinement was entitled also to a suitable fee, but that the illness before the confinement and after the puerperal period of twenty-eight days was included in the contract for medical service.

West Riding Pharmacopoeia.—A report of the Pharmacopoeia Subcommittee was received, and the consideration of the draft pharmacopoeia postponed till the next meeting. The revised tariff of drugs was remitted to the Subcommittee for consideration and report.

District Insurance Committees.—The nomination of medical members was received and approved and directed to be forwarded to the Clerk of the Insurance Committee, as was also a resolution drawing the attention of the Insurance Committee to the fact that the full tenth of medical members had not been allowed for, as promised, on all the District Insurance Committees under the West Riding scheme, and requesting the Insurance Committee to so alter the scheme as to rectify this defect.

Temporary Residents.—Circulars 159/I.C. and 161/I.C. having been considered, the Committee adopted the following resolution:

That this Local Medical Committee protests against the proposed scheme as a breach of the contract entered into by members of the medical profession in the West Riding of Yorkshire, and cannot give its consent to any reduction in the amount of the remuneration which, as agreed in the original contracts, is to be paid to each practitioner on the panel in respect of each person included in his list.

LEICESTER.

Temporary Residents.

The memorandums 159/I.C. and 161/I.C. with reference to medical attendance on temporary residents were considered at a meeting of the Local Medical Committee on May 6th. The proposal contained in the memorandums was strongly condemned, and the opinion of the meeting has been conveyed to the Insurance Commissioners for England in the following letter:

2, Tower Street,
Leicester,
May 14th, 1913.

Dear Sir,

I am in receipt of your letter of the 3rd inst. with reference to Memo. No. 159/I.C.

My Committee have considered this Memo. 159/I.C. together with No. 161/I.C., and view with the greatest alarm this, the first attempt on the part of the Commissioners, to reduce the capitation rate of 7s. definitely promised by the Government and Commissioners during last winter.

Your letter states that the Commissioners have "decided to adopt" the arrangement mentioned in the above-named Memorandum, and it is only on the question of the scale of fees which the Commissioners desire the opinion of the various Local Medical Committees throughout the country. Inasmuch as the whole subject is one which affects the country at large, and not merely the health resorts, surely places other than health resorts have a right to a voice in the matter, and my Committee would suggest a conference with representative medical men from all parts of the country, and not merely "from the areas mainly affected" (par. 3, 161/I.C.)

Taking the Commissioners' own instance of 27s. as being the case-value of any particular person, my Committee is of the opinion that it is grossly unfair that this should be deducted from the amount available for the practitioners of this town. There are in Leicester about 90,000 insured persons, of whom probably at least 40,000 will be away for periods varying from one week to one month during the course of the year; and of these, judging by the amount of illness during the last quarter, about 10,000 will require treatment. Let us assume, however, that even only half this number is more nearly accurate, then 5,000s. × 27s.—that is, £6,750—would be deducted every year from Leicester alone towards the central fund—that is, an average of £96 per medical man on the panel.

This town not being a health resort, there would be practically no incoming persons to counterbalance this.

In the "Explanatory Statement as to Medical Benefit" issued in December last we were told that "the practitioners may confidently rely on receiving at least 7s., etc. In less than six months we find that we can no longer confidently rely" on the promises of the Commissioners, even on such an important matter as the amount of remuneration.

In face of the basis of contract signed by practitioners in January, this Committee is of opinion that the action of the Commissioners is *ultra vires* and definitely illegal.

Yours faithfully,
E. W. Hollyoak,
Honorary Secretary Local Medical Committee.

WEST SUFFOLK.

The West Suffolk Local Medical Committee has resolved to request every practitioner to record on the cards all services rendered in accordance with the symbols of Circular 156/I.C., paragraph 12, in order that any future claim for special payment for extras may be supported by evidence available to the Commissioners of actual work done.

The *Birmingham Health Insurance Pharmacopoeia* was adopted for use in the area, and the Clerk of the Insurance Committee has been instructed to notify all practitioners and chemists in the area accordingly.

After a conference between the representatives of the Local Medical Committee and the Medical Benefit Subcommittee, it was agreed that the contract embodied in Form Med. 29 should be signed to run until December 31st, 1913; that the distance beyond which persons should not be assigned to any practitioner should be three miles; and that the amount payable in respect of services rendered under the agreement including the domiciliary treatment of tuberculosis should be at the rate of 1s. 9d. a quarter.

It was resolved to ask the Commissioners to receive a deputation from the Local Medical Committee with regard to the payment for anaesthetics, miscarriages, etc.

It was announced that the Clerk to the County Insurance Committee would on request supply to practitioners concerned forms for the transfer of patients by mutual consent under Regulation 26.

It was announced, further, that the card index register for patients would be issued at the earliest possible moment, and that the Medical Benefit Subcommittee had decided that the pink ticket should remain in force until June 30th, 1913.

It was reported that the new rules drawn up by the Medical Benefit Subcommittee had been accepted and that a copy would be sent to each friendly society and to every deposit contributor, as well as to every practitioner on the panel.

TUNBRIDGE WELLS.

The Local Medical Committee for the Tunbridge Wells district has been elected as follows and has received the recognition of the Insurance Commissioners:

Tunbridge Wells.—Dr. J. Cecil Rix (Chairman), Dr. F. A. Routch, 43, Mount Pleasant (Honorary Secretary), Drs. Perkins, Pincott, Riley, and Starling.
Southborough.—Dr. Biggs.
Tonbridge Urban.—Drs. Cardell and Watts.
Tonbridge Rural.—Drs. Oldham and Clarke.

MIDDLESEX.

The Middlesex County Local Medical Committee met on May 15th. Dr. Lowry (Chairman) presided.

Dr. Tresilian's resignation was received with regret, and Dr. Busfield (Enfield) nominated in his place.

The Committee will come to an end on October 31st, 1913, and a scheme for election of a new committee, prepared by Dr. A. H. Williams, was approved, and referred to a subcommittee consisting of Drs. Lowry, Williams, Camps, Brackenbury, Macevoy, North, and Shanks, for completion.

It was agreed to resist the attempts by the chemists to make a charge for copying prescriptions.

Temporary Residents.

It was pointed out that Medical Regulation No. 22 made no mention of "temporary" residents, and also that the "Explanatory statement of medical benefit as affecting medical practitioners" (page 7, paragraph 23) read: "The number on the list will fluctuate through removals, transfers, deaths, and persons becoming newly insured—subject to these small adjustments the practitioner may confidently rely on receiving at least 7s. per head per annum." No mention was made of "temporary" removals. Dr. Williams further showed that many of the "agreements" specified 1s. 9d. a quarter in the Fourth Schedule, the 1s. 9d. being filled in in ink when sent out by the Insurance Committee. Dr. Lowry pointed out that the contract with patients was for "the year."

After considerable discussion the following resolutions were adopted *nemine contradicente*, one member not voting:

That any deductions for medical attendance on persons temporarily away from their district be resisted, and that we endeavour to organize the panel doctors to resist it.
That the scheme set out in 161/I.C. was inequitable.

The Honorary Secretary was instructed to forward these resolutions to the Commissioners.

WESTMINSTER AND HOLBORN.

We are requested to state that at the meeting of the Provisional Medical Committee for Westminster and Holborn, at which two Local Medical Committees for these boroughs were respectively elected, Dr. Pennington moved that the distinction between panel and non-panel doctors should not be perpetuated, and that inasmuch as the London Medical Insurance Committee comprised medical practitioners both on and off the panels, a similar plan should be adopted by local committees. An amendment was moved designed rigorously to exclude all practitioners on the panel, but this was withdrawn in favour of an amendment moved by Dr. Bolton, making a distinction between those who had gone on the panel before the pledge was abrogated and those who joined afterwards. This was carried by 5 votes to 3, the majority of those present not voting.

COUNTY OF FIFE.

A MEETING of the Fife Local Medical Committee was held in the Station Hotel, Kircaldy, on May 1st. In the absence of the chairman (Dr. Orr) Dr. DOUGLAS presided, and seventeen others were present.

The Commissioners having stated that there were no funds at their disposal under the National Insurance Act which could be made available for defraying the expenses incurred in connexion with Local Medical Committees, it was decided that a temporary levy of 5s. per panel doctor be made for the ensuing year.

Temporary Residents.—The proposed alternative schemes for the provision of medical benefit to temporary residents were discussed, and the following motion was eventually carried:

In regard to the provision of medical benefit for temporary residents, the Local Medical Committee, while holding that the contract by medical men on the panel for medical service is one between each individual doctor and the Commissioners, and as such a contract with which they cannot interfere, would express its preference for a scheme worked on the case-value basis or the first alternative method.

Allocation of Insured Persons.—The method to be adopted in allocating insured persons who have not exercised their right of choice was defined in the following resolution, which was carried unanimously:

That the moneys which have accumulated during the first quarter in respect of those persons who have not selected their doctor be divided equally amongst the doctors on the panel in each district, and that there be urged upon the Insurance Committee the necessity of giving those persons who have not chosen their doctor a further opportunity to do so by sending an application form to each person who has not selected a doctor, that is, that the onus of selecting a doctor still be upon the insured persons rather than that they should have a doctor selected for them.

Persons Making their Own Arrangements.—The following motion was carried *nemine contradicente:*

That the Local Medical Committee inform the Fife County Insurance Committee that they do not approve of the applications of insured persons for permission to make their own arrangements being refused, as has been done in the circular letter from them of April 21st, 1913.

Treatment of Tuberculosis.—It was decided to adhere to the rates of payment for treatment for dependants suffering from tuberculosis laid down by the State Sickness Insurance Committee and already submitted to the Insurance Committee for the county, namely: Visit 2s. 6d., consultation 2s. 6d., injection of vaccine 2s. 6d. (the vaccine to be at the expense of the local authority), report 5s., and mileage 1s. per mile beyond a radius of two miles.

Model Rules for Insured Persons.—The Honorary Secretary was instructed to recommend the Local Insurance Committee to circulate model rules as to conduct of insured persons in receipt of medical benefit amongst insured persons throughout the county.

DUMBARTON.

AT a meeting of the Dumbarton County Local Medical Committee in Glasgow on May 1st it was reported that the County Medical Benefit Subcommittee had approved the representations of the Local Medical Committee except in regard to the rule governing Sunday work, which it wished not to refer to "surgeries" and to the method of allocating of insured persons, holding that no more insured persons should be allocated to doctors with 1,500 or more already on list. It was unanimously decided to press for equal division of the residue irrespective of the number already on each list, and to urge the adoption of a rule limiting Sunday work at practitioner's residence and surgery, or patient's home, to cases of serious emergency. The scheme for temporary residents was discussed, and by a majority of one it was decided to approve capitation deduction to form a central fund, but several of those present indicated that they would refuse to allow a deduction. It was agreed to adopt the card system of records of illness. It was decided to ask that full payment be made at the end of each quarter in future, also to ask that correspondence with the Insurance Committee be franked and that cheques include branch charges. It was further resolved to point out to the Insurance Committee that doctors entitled to payment at 9s. a head per annum had not been paid at that rate, and request an adjustment of the payments. It was also decided to request the Insurance Committee to make arrangements whereby doctors could order such drugs and dressings as were required for emergencies to be supplied direct to them by chemists. It was agreed to make representations to the County Insurance Committee on various other matters.

MEETINGS OF INSURANCE COMMITTEES.

NOTTINGHAM.

Proposed Recognition of Herbalists.

AT a meeting on May 17th the question of whether insured persons should be allowed to make their own arrangements with a view to receiving treatment from herbalists was decided in the negative by a majority of 1 on a total vote of 33. The decision was reached after prolonged discussion of a report of the Medical Service Subcommittee, which had reached the same decision also by a majority of 1 on a total vote of 6. In the course of the discussion stress was laid on the fact that only about 40 applications for permission to contract out in the fashion indicated had been received, though the area included over 90,000 insured persons; if permission were granted it would open the doors to Christian Scientists and others. Admittedly the applications were made not because of any monetary advantage, but because it would give herbalists a status which they had not yet enjoyed. The proper solution was for herbalists to get themselves registered as medical practitioners. Dr. Price pointed out that to grant the applications would be a breach of faith with the local medical profession, since it would associate them with unregistered persons in the treatment of the insured, and this might be ground for disciplinary action by the General Medical Council. Dr. Jacob suggested that it would be possible for an insured person who had been treated by a herbalist, but not received satisfaction, to bring an action against the Committee which was responsible for providing adequate treatment. Prior to the discussion a letter had been read from the Council of the Nottingham District United Friendly Societies, urging that "qualified medical herbalists" should be placed on the panel.

SOKE OF PETERBOROUGH.

At the monthly public meeting on May 14th it was decided to leave for decision by the Committee which comes into office next July the question whether medical men on the local panel should hand to each patient two prescriptions, in addition to keeping a copy for his own use. In connexion therewith it was stated that the chemists claimed that their agreements entitled them to expect panel doctors to write prescriptions in triplicate, he keeping one copy for his own use and handing the patient two, one to be retained by the chemist for reference purposes and the other to be sent by him with his bill to the Committee, and that if the chemist received only one prescription he should be allowed to charge a fee of 1d. for copying it. On the other hand it was indicated, on the authority of Dr. J. N. Collins, Honorary Secretary of the Local Medical Committee, that the panel medical officers regarded the proposal to charge a booking fee as preposterous. For the time being they would, under protest, continue to give each patient two prescriptions, but meanwhile the Local Medical Committee would address the national Insurance Commissioners on the question.

On consideration of the report of the Sanatorium Subcommittee it was resolved, on the suggestion of Dr. H. Clapham, that in public discussions on sanatorium questions, as also in the minutes of the General Committee, individual patients should be mentioned not by their names, but by numbers corresponding to their cases in a register which would be open to inspection by members of the Committee.

BATH.

Publication of Amounts Paid to Insurance Service Practitioners.

A discussion took place at the last meeting of the Bath Insurance Committee relative to the publication of the sums received by medical men on the panel. Objection was made to payments being sanctioned by the Committee without names being attached, but the Chairman pointed

out that the full particulars were available to members. Representations, he said, had been made by the medical practitioners in favour of non-publication of names and amounts, and the chemists had also asked that details as to the number of prescriptions made up by each chemist should not be published, as they thought that publication would operate unfairly. A proposal that the names and amounts be published was defeated by 10 votes to 6.

HAMPSHIRE.

A Half-holiday.

The Insurance Committee, at the request of the local Division of the British Medical Association, at its last meeting considered the question of a half-holiday for doctors, and resolved:

> That the Committee approves that the doctors do not see insured persons, except urgent cases, on Wednesdays after 1 p.m., and that the chemists do not dispense prescriptions on Wednesdays after 1 p.m., except between 6 and 7 p.m.

INSURANCE NOTES.

DISCLOSURE OF THE NATURE OF ILLNESSES.

AT a meeting of representatives of labour organizations at Wigan, Dr. F. Rees gave an address on the subject of the disclosure of patients' illnesses on Insurance Act certificates. He mentioned that medical men in Leigh and elsewhere had refused to state the exact nature of the illness, and the doctors of Wigan had decided to take a similar course. Medical men were under an obligation not to reveal anything in relation to their patients, and the law said that if a doctor broke professional secrecy and revealed something which proved detrimental to a patient the latter could claim damages. He doubted whether the Insurance Act would exempt doctors from this liability. Insurance companies and employers might take advantage of the publication of the nature of a man's illness, and refuse in the one case to insure a man and in the other to employ him. It was well known how careful employers were at present in signing on men for the pits owing to their liability under the Workmen's Compensation Act. A man, after having rheumatic fever in his youth, might have a slight affection of the heart which would not prevent him from following his work, if careful, but if it were stated on a certificate that the man was suffering from heart disease he might be discharged at the first opportunity. Medical men were making this stand to maintain the honourable understanding and confidential relationship which had always existed in the past between doctor and patient.

Mr. Stephen Walsh, M.P., who presided, said that the thanks of the meeting were due to the doctors who were making such an honourable stand in this matter. The meeting, by its applause, endorsed this view.

TREATMENT OF TUBERCULOSIS IN CORNWALL.

The Cornwall County Council has resolved that, as the difference between treating insured persons and their dependants who are suffering from tuberculosis and treating all persons in the county is estimated at less than £1,000 a year, it is desirable to include all persons suffering from tuberculosis in the provision to be made.

MEDICAL TREATMENT ON AILSA CRAIG.

The medical practitioners on the panel in Girvan have intimated to the Ayr Insurance Committee that they cannot give their services to insured persons on the island of Ailsa Craig on the terms at present offered. It appeared that during the winter no boats went to the island from the mainland except when a beacon was lit. The journey often took twelve hours in such circumstances, and boat hire cost about £7. A subcommittee of the Insurance Committee has discussed a special mileage rate and a payment of so much an hour, and has decided to bring the matter before the Insurance Commissioners.

SANATORIUM BENEFIT IN ROCHDALE.

The Insurance Commissioners have disapproved as too costly a proposal to send Rochdale insured persons suffering from tuberculosis to the institution of the Bury and District Hospital Board at a payment of 35s. a week, with a minimum of £200 a year. At the last meeting of the Insurance Committee Dr. Bateman said that, in consequence of this decision, sanatorium benefit was a dead letter in Rochdale, although sufferers were supposed to have been receiving treatment since July 15th. Dr. Carse summarized the benefits at present being received by insured consumptives as "cod-liver oil and death certificates."

REPORTS OF LOCAL ACTION.

IRELAND.

Withdrawal of Approval of Friendly Society.

SOME time ago we drew attention to the risks attending the approval by the Insurance Commissioners of many small societies. At a meeting of the members of the Irish Railway Workers' Trade Union, summoned last week at the request of the Irish Insurance Commissioners, Dr. Murphy, on behalf of the Insurance Commissioners, stated that the society ought not to continue in existence as an approved society any longer. One member complained that, though he had been sick twice, he had got no benefits. Dr. Murphy announced that the Commissioners would withdraw approval from the society, and recommended those present to join other approved societies; this action, however, will apparently not relieve them of their liability to the present society. It is thought probable that in the near future the same fate may overtake some other approved societies.

Proposed Importation of Practitioners into Limerick.

As was reported over a month ago, the medical practitioners in Limerick have notified the Insurance Commissioners that they consider the remuneration offered for medical certificates under the Insurance Act quite inadequate, and refused to form a panel until such provision was made as would satisfy the demands previously made through the Conjoint Committee. We are informed that advertisements have recently been inserted in the Dublin and Limerick papers by the Insurance Commissioners, inviting applications from medical practitioners for appointments at a salary of £130 a year each, for the purpose of furnishing to approved societies and the Insurance Committee the medical certificates required for persons resident in the City of Limerick, in connexion with the administration of the National Insurance Act. The medical practitioners in Limerick have maintained their refusal to go on the panel for certificates, and the action of the Commissioners in seeking to make these appointments is clearly taken in the hope of breaking down this resistance. The Commissioners must, of course, fail if the medical profession remains true to itself and if medical practitioners in other parts of the United Kingdom refuse to accept the paltry bribe offered to enlist them as auxiliaries in defeating the local profession.

Londonderry Doctors and the Friendly Societies.

A situation, unique so far as Ireland is concerned, has arisen in Londonderry in connexion with the question of medical benefits under the Insurance Act. A public medical service has been organized by the doctors, and a substantial number of insured persons have joined it. In a published statement the doctors pointed out that under the old conditions persons were receiving medical attendance at as low a figure as a halfpenny a week, and it had become necessary for the doctors to make a stand to obtain a living wage. They therefore resigned all factory and workshop appointments and drew up a scale of remuneration, which the friendly societies rejected, whereupon the public medical service was formed, the terms being 1d. a week for workers under 16, 2d. a week for insured persons, with 1d. additional for wives, and a further 1d. for all members of a family under 16 not working. These terms were to include drugs. After this service was started a deputation of employers of labour suggested the following terms to the doctors for employees of factories and workshops: A halfpenny a week for each 5s. earned, with a limit of 2d., the contributions to be collected by the employers and paid over to the medical service, free choice of doctor to be retained. The medical men accepted these terms, but the friendly societies prevented their adoption by the employees, and the scheme fell through. The offer of the friendly societies is 1d. a week, including drugs. This offer the medical men have

all refused, and the Federation of Friendly Societies, it is reported, has brought, or intends to bring, a medical man from England to attend to insured persons in the city.

Trade Union Congress and Medical Benefits.

At the Trade Union Congress, held in Cork last week, the following resolution was passed:

> That the delegates of the various trades affiliated to the Irish Trades Congress demand that the medical benefits be extended to Ireland, and we consider 7s. 6d. as a capitation fee per insured member sufficient to cover member and wife and members of the family up to 16 years of age, and we strongly condemn the dispensary and Poor Law system at present in vogue in Ireland, as it makes a person a pauper; we desire that a true and proper system of help for deserving cases shall be instituted in place of the present degrading system, and the sooner it is done the better for the welfare of the country. The inquiry which has been held has not given satisfaction to organized labour.

CORRESPONDENCE.

FUTURE POLICY.

DR. STANLEY YEOMAN (Prestwich, Manchester) writes: What is the policy of the British Medical Association? Is it to wait and see how the cat jumps? Surely the cat has jumped, and though the majority did not like the jump, yet they have taken it, believing that their existence depended upon it. This jump was made immediately after the Association had given up the game. The British Medical Association, and almost every other association in the country, had declared by large majorities that the National Insurance Act was derogatory to the profession, yet within a few days the British Medical Association told all to work out their own salvation (on certain conditions certainly), with the result that most medical associations were at once in a funk, and took what was offered in the easiest way.

This is no doubt past history, but the present history is also plain. A good many doctors are making more money than they did before, and as long as they are making more they are content. Others are making less, though on the panel, because their best work is of the most importance. The remaining few are out of the Act, and though they are probably losing, yet they are gaining in self-respect. Money, though important, is not everything.

The future history is also plain. The profession will be divided into panel doctors and non-panel doctors. Which of these classes is going to be most thought of? Is it well for the profession to be so divided? Is it good for the country to have this division?

The whole medical profession a very short time ago said it was not, but they now say, "Well, it might have been worse," and some say they are better off. They are better off because A says, "I will attend B under the Act if B's family call A in," and for those who say it might have been worse—well, I agree with them; but it does not make it good for the nation.

We have now had over three months to find an answer to these questions. Neither the British Medical Association nor any other body has answered them. The solution may be almost impossible. If so, then can the British Medical Association act both in the interests of panel and non-panel doctors. I believe that it is utterly impossible. Then is it not time for the British Medical Association to say which party it is going to act for; in the meantime they are having help from both sides, and that is not fair. I have tried to put facts in as blunt a way as possible. It is no time to mince matters. If it is good for the nation, I shall be with you; if it is not good for the nation to have this division in the profession, I think the British Medical Association should at once say so.

DR. GEOFFREY PRICE (Kineton) writes: Cannot we do anything about this amending Act?

I take it that we are willing to attend insured persons for 9s. annually, payable quarterly in arrear.

We want:

The right to dispense.

Limitation of medical benefit—that is, no bandages, dressings, purgatives, or appliances to be supplied.

Right of patient to change his doctor quarterly only.

Abolition of temporary resident system.

Abolition of bookkeeping.

List of quarter's patients to be in our hands on the first day of the quarter, and no new patients to be accepted during the quarter.

Right to treat any insured patient whose name we did not receive on the first day of the quarter as a private patient during the quarter.

Income limit of £2 a week.

Abolition of medical benefit for domestic servants (their mistresses give us as much trouble as though they were private patients), or for any employed person who lives in the dwelling-house of his employer. In these cases the employer should be responsible for his doctor.

SCHOLARSHIPS AND GRANTS IN AID OF SCIENTIFIC RESEARCH.

SCHOLARSHIPS.

THE Council of the British Medical Association is prepared to receive applications for Research Scholarships as follows:

1. AN ERNEST HART MEMORIAL SCHOLARSHIP, of the value of £200 per annum, for the study of some subject in the department of State Medicine.
3. THREE RESEARCH SCHOLARSHIPS, each of the value of £150 per annum, for research into some subject relating to the causation, prevention, or treatment of disease.

Each Scholarship is tenable for one year, commencing on October 1st, 1913. A Scholar may be reappointed for not more than two additional terms.

The conditions of the award of Scholarships are stated in the Regulations, a copy of which will be supplied on application to the Medical Secretary of the Association, 429, Strand, London, W.C.

GRANTS.

The Council of the British Medical Association is also prepared to receive applications for Grants for the assistance of Research into the Causation, Treatment, or Prevention of Disease. Preference will be given, other things being equal, to members of the medical profession and to applicants who propose as subjects of investigation problems directly related to practical medicine.

The conditions of the award of Grants are stated in the Regulations, a copy of which will be supplied on application to the Medical Secretary of the Association, 429, Strand, London, W.C.

Applications.

Applications for Scholarships and Grants for the year 1913–14 must be made not later than Tuesday, June 10th, 1913, in the prescribed form, a copy of which will be supplied by the Medical Secretary on application.

Each application should be accompanied by testimonials, including a recommendation from the head of the laboratory, if any, in which the applicant proposes to work, setting out the fitness of the candidate to conduct such work, and the probable value of the work to be undertaken. This is not intended, however, to prevent applications for Grants in aid of work which need not be performed in a recognized laboratory.

ALFRED COX, *Medical Secretary.*

429, Strand, London, W.C.

Hospitals and Asylums.

EDINBURGH DENTAL HOSPITAL.

THE report presented to the twenty-first annual general meeting of the Incorporated Edinburgh Dental Hospital and School, over which Dr. Guy, dean of the the hospital, presided, stated that the hospital continued to do work for the men and recruits of His Majesty's Army under arrangement with the War Office. During the year 162 recruits were rendered dentally efficient, while 153 regulars and 117 men of the Special Reserve were treated. The Army Council had noted "the excellent service rendered by the Edinburgh Dental Hospital."

HAWICK COTTAGE HOSPITAL.

THE annual report of this hospital stated that, although there was a deficit for the year of £44 13s. 10d., the annual subscriptions had kept up, notwithstanding the new burden which the National Insurance Act had imposed on employers and employed. During the year 224 patients were treated in the hospital, a decrease of 18 on the previous year, and 82 out-patients made use of the dispensary. The hospital now contains five public and two private wards, with twenty beds in all.

Meetings of Branches and Divisions.

GLASGOW AND WEST OF SCOTLAND BRANCH:

DUMBARTONSHIRE AND ARGYLLSHIRE DIVISION.

THE annual business meeting was held in Clydebank on April 29th. The annual report submitted by the HONORARY SECRETARY, which showed an increase in the number of meetings and a marked advance in the average attendance, was approved.

Election of Officers.—The following office-bearers were elected:

Chairman.—Mr. J. Wilson, Ashville, Dumbarton.
Vice-Chairman.—Dr. John Gilmour, Dalmuir.
Honorary Secretary.—Dr. A. W. Sutherland, Barbain, Cardross.
Representative for Representative Meeting.—Dr. E. H. Cramb, Radnor Park.
Representatives on Branch Council.—Dr. A. D. McLachlan, Dr. A. W. Sutherland.
Executive Committee.—Dr. J. R. F. Cullen, Dr. T. M. Strang, with the above office-bearers.

Meetings.—It was unanimously agreed to meet in Dumbarton during the ensuing year unless exceptional circumstances require a meeting elsewhere.

Maternity Benefit.—It was agree to recommend Local Medical Committees in the Division to approach Insurance Committees and Commissioners with a view to establishing a method of securing payment of the fee of the doctor in attendance at confinements where maternity benefit was claimed.

Model Ethical Rules.—The model ethical rules were unanimously adopted.

GLASGOW CENTRAL DIVISION.

THE annual meeting of this Division was held on May 19th, Dr. ROBERT JARDINE in the chair.

With two dissentients, it was resolved to transmit to the Representative Meeting a notice of motion to delete Minute 45 of the Special Representative Meeting in January, in which work under the National Health Insurance Act is said to be "derogatory to the profession." It was felt that while the minute remained a friendly and strong co-operation of all members of the Association for the good of the profession was hardly possible.

Election of Officers.—The following office-bearers were elected:

Chairman.—Dr. J. Grant Andrew.
Vice-Chairman.—Dr. John Paterson.
Representative to Representative Meeting.—Dr. John Adams.
Honorary Secretary and Treasurer.—Dr. W. S. Syme.
Ordinary Members of Committee.—Dr. W. B. Inglis Pollock, Dr. R. Stockman, Dr. P. Maguire, Dr. P. N. Grant, Dr. G. H. Edington, Dr. R. Jardine.

Vote of Thanks.—A vote of thanks was passed to Dr. Jardine for his services as Chairman during the past five years, and the same compliment was paid to Dr. Adams.

LANCASHIRE AND CHESHIRE BRANCH:

LEIGH DIVISION.

AT the annual meeting of the above Division held on May 15th, the following officers were elected for the ensuing year:

Chairman.—M. J. Halton.
Honorary Secretary.—G. H. Shaw.
Representative on Branch Council.—H. S. Hall.
Executive Committee.—T. Gray, W. Y. Martin, W. G. Robertson, C. W. Turner.

It was decided to send a copy of the statement forwarded to the Lancashire Insurance Committee setting out the objections of the profession to inserting on medical certificates details of the nature of the illness, which is published at p. 458, to the Medical Committees of all insurance areas in Lancashire.

OLDHAM DIVISION.

THE annual meeting was held in the Oldham Royal Infirmary on May 15th.

Model Ethical Rules.—The Model Rules were adopted.

Representative's Expenses.—It was resolved to create a fund from which the expenses of the Representative at Representative Meetings could be defrayed, and for this purpose it was decided to make a levy of 5s. a member.

Agenda for Representative Meeting.—This matter was left to the new committee for consideration.

Votes of Thanks.—Votes of thanks were cordially passed to Dr. Maitland and Dr. Frank Radcliffe for the invaluable services which they had rendered to the Division as Chairman and Honorary Secretary during a series of years.

Election of Officers.—The following were appointed:

Chairman.—Dr. Frank Radcliffe.
Vice-Chairman.—Dr. Godson.
Representative.—Dr. Pochin.
Members of Branch Council.—Drs. Fort and Pochin.
Honorary Secretary.—Dr. Malcolm Hutton (Shaw, near Oldham).
Committee.—Drs. Maitland, Doble, Edward Kershaw, Lendrum.
Ethical Committee.—The above with Dr. Patterson.

SOUTHPORT DIVISION.

THE annual meeting of this Division, to which all members of the profession resident in the area of the Division were invited, was held in the Masonic Room of the Victoria Hotel at 8 p.m. There was an attendance of fifteen.

Annual Report.—The annual report of the Executive Committee was read.

Election of Officers.—The following officers were elected for the ensuing year:

Chairman.—Dr. Mackay.
Vice-Chairman.—Dr. Schofield.
Representative at Representative Meetings.—Dr. Baildon.
Deputy Representative.—Dr. Schofield.
Representatives on Branch Council.—Dr. Baildon and Dr. Harris.
Honorary Secretary and Treasurer.—Dr. Harris.
Members of Executive Committee.—Drs. Brown, Corkhill, Penrose, and Pridie.

Matters Referred to Divisions.—A discussion took place on the matters referred to Divisions (SUPPLEMENT of April 19th, May 3rd, and May 10th) and on letters from the Medical Secretary dealing with these and allied subjects. During its course attention was called to the paragraph in the annual report of the Council condemning canvassing and touting for patients in connexion with the National Insurance Act (SUPPLEMENT, May 3rd, p. 376), and to the warning issued by the President of the General Medical Council (SUPPLEMENT, March 22nd, 1913, p. 265). Resolutions were passed unanimously instructing the Representative to vote against the raising of the annual subscription of the Association, and against forming a trade union in connexion with it.

Co-ordination of Action of Divisions and Local Medical Committees.—The proposal of the Council that in order to promote the co-ordination of action between Divisions and Local Medical Committees, members of such committees and medical members of Insurance Committees who are ordinary members of the Association resident within the area, should by resolution of the Branch be made *ex officio* members of the Branch Council was discussed, and the Representative was instructed to use his judgement in voting on the subject.

Expenses of Representatives.—A communication was received from a Branch Secretary with reference to the share of the Southport Division in the cost of paying the expenses of members attending meetings of the Representative Body, Council, and Committees was read, and the Secretary was instructed to invite every member of the profession in the Division to subscribe a sum not exceeding 10s.

Reports of Medical Service Subcommittee.—The Secretary of the Local Medical Committee, at the request of the Division, undertook to call the attention of the Insurance Committee, of which he is a member, to the importance of making reports from the Medical Service Subcommittee private.

Election to the Central Council.—The Division unanimously resolved to nominate Mr. F. C. Larkin for election to the Central Council of the Association.

Reorganisation of Branch.—The question of the reorganization of the Branch and Divisional areas was considered, but a decision postponed to a later meeting.

METROPOLITAN COUNTIES BRANCH:

HARROW DIVISION.

THE annual meeting was held on May 15th in the Gayton Rooms, Harrow, Dr. A. H. WILLIAMS in the chair.

Election of Officers.—The following were elected:

Chairman.—Dr. J. Davidson.
Vice-Chairman.—Dr. H. S. Wansbrough Jones.
Honorary Secretary and Treasurer.—Dr. C. M. Pennefather.
Representative in Representative Meetings.—Dr. C. M. Pennefather.
Deputy Representative in Representative Meetings.—Dr. P. K. Muspratt.
Ordinary Members of Executive Committee.—Drs. B. H. Barton and A. H. Williams (Harrow), W. E. Dyson (Wembley), H. R. Harley (Wealdstone), H. J. Hildige (Pinner), R. E. Humphrey (Northwood), P. K. Muspratt (Uxbridge), and R. L. Romer (Stanmore).
Representative on the Branch Council.—Dr. G. M. Edwards.

Report of Executive Committee.—The HONORARY SECRETARY read the report for the year. It stated that the past year had been one of exceptional activity, and numerous meetings had been held to consider the medical provisions of the Insurance Act. As a result of this no papers on scientific subjects had been read before the Division. Nine meetings of the Division had been held, and to all of these meetings non-members of the Association had been invited. The average attendance was 29.4. The Provisional Medical Committee had met on seven occasions, with an average attendance of 12.7, and had been mainly occupied in drafting a scheme on the lines of a public medical service, originally intended to provide medical attendance for both insured and uninsured persons. Owing to the formation of panels of medical men for the treatment of insured persons this scheme now referred only to uninsured persons and juveniles, and several clubs and friendly societies had intimated their acceptance of the scale of fees. The membership of the Division, which in June, 1912, was 73, was now 64, the reduction in membership being due to one death and removal of members to other Divisions. Local District Medical Committees had been formed for the following three areas of the County of Middlesex Insurance Committee contained within the Division, and had received official recognition:

1. For Harrow Urban District, Ruislip, Northwood Urban District, and Pinner Parish—Chairman, A. H. Williams; Honorary Secretary, H. J. Hildige.
2. For Wealdstone and Wembley Urban Districts, Stanmore Parish, Kingsbury and Edgware—Chairman, G. H. Butler; Honorary Secretary, W. E. Dyson.
3. For Uxbridge Urban and Rural Districts, Yiewsley and Hayes Urban Districts — Chairman, J. Davidson; Honorary Secretary, P. K. Muspratt.

The Division held its first social function on May 1st, 1913, when a complimentary dinner was given to Dr. A. H. Williams, who retires from the chair, a post he has held for the last two years.

The *Financial Report* showed a small balance in hand.

Business of the Annual Representative Meeting.—This was considered, and instructions given to the Representative.

MARYLEBONE DIVISION.

THE annual general meeting of the Division was held at the rooms of the Medical Society of London on May 19th, at 5 p.m., Mr. ATWOOD THORNE in the chair. Eighteen members and one visitor were present.

Annual Report.—The annual report was presented, discussed, and adopted.

Election of Officers and Representatives.—The following officers were elected:

Chairman.—Dr. Charles Lyall.
Vice-Chairman.—Mr. Bishop Harman.
Honorary Treasurer.—Dr. Comyns Berkeley.
Honorary Secretary.—Dr. Francis W. Goodbody.
Representatives to the Branch Council.—The Chairman, Miss Margaret Fraser, Dr. Gordon Holmes, Mr. Warren Low, Mr. Betham Robinson, Dr. F. J. Smith, and Dr. Percy Spurgin.
Representatives to the Representative Meetings.—Dr. W. Griffith, Mr. Bishop Harman, Dr. Gordon Lane, Dr. Montgomery-Smith, Dr. Newton Pitt, Dr. David Roxburgh, and Dr. Francis W. Goodbody.

Nominations for Officers of Branch Council.—The Division nominated the following:

President-elect.—Mr. Atwood Thorne.
Honorary Treasurer.—Mr. Atwood Thorne.
Honorary Secretaries.—Dr. Crosse, Mr. Bishop Harman.

Election to Central Council.—On the motion of Dr. GOODBODY, seconded by Dr. GORDON LANE, the Division decided to support the candidatures of Drs. G. M. Biggs, C. Buttar, E. C. Montgomery-Smith, and F. J. Smith to the Central Council.

Votes of Thanks.—On the motion of Dr. MONTGOMERY-SMITH, seconded by Mrs. MARY SCHARLIEB, a hearty vote of thanks was accorded to the Chairman and Secretary for their services during the past year. Mr. ATWOOD THORNE acknowledged the compliment. Dr. WALL proposed, and Dr. HOLMES seconded, a hearty vote of thanks to the Representatives for their services during the past year. This was carried, and Dr. GOODBODY replied.

STRATFORD DIVISION.

Presentation to the Honorary Secretary and Representative.

SOME seventy members of the medical profession residing in the Old Stratford Division of the British Medical Association attended at the Stratford Town Hall on May 1st for the purpose of presenting to Dr. J. S. Nicoll, J.P., and Dr. Percy Rose a testimonial as a mark of esteem and appreciation of the valuable services rendered by those gentlemen as Honorary Secretary and Representative respectively during the past ten years.

Dr. SANDERS presided; Dr. Cox, the Medical Secretary, attended to do honour to the occasion, and Dr. Haslip, President of the Metropolitan Counties Branch, made the presentation, which consisted of a large and handsome silver tray and two pairs of massive silver candlesticks to Dr. Nicoll and an English lever gold watch and chain to Dr. Rose, which were suitably inscribed. To the fund for the presentation 124 medical practitioners had subscribed.

Dr. HASLIP said that it was especially gratifying, at a time when officials of the Association were being severely criticized in many quarters, to find the medical men practising in that large area united in recognizing the labours ungrudgingly entered upon and pursued for years by these two local officials of their great Association.

Dr. NICOLL, in acknowledging the presentation, said that he must speak the words that came straight from his heart and try to express his feelings in ordinary language. The testimonial he had received was far too handsome, and the words of Dr. Haslip far too flattering, for no one was more conscious of his demerits than he himself. At the same time, he felt most deeply the recognition by his brother practitioners of any services he had been able to render them, and was indeed bountifully repaid for his work.

Dr. ROSE, in responding, said he had been proud to act for so long a period as the official mouthpiece of the Stratford Division. He had certainly tried to do his best, and it gave him intense satisfaction to find his professional brethren felt he had in some small degree succeeded.

Future Organization of the Profession.

The presentation was followed by a discussion on the future organization of the profession, which was opened by Dr. Cox, who urged the necessity of keeping the Association strong and active, as the one body which represented every section of the profession. He deprecated the expenditure of the energy of members of the profession in internal bickering and the raising of class distinctions when what was necessary was to remain united in face of the common enemy. He alluded to the formation of various bodies for the professed purpose of doing things which it was alleged that the Association could not do, and advised caution, as, in his opinion, a body representative of a large majority of the profession would be more effective in advancing its interests than a small body, even if the latter possessed all the powers of a trade union. Dr. Cox quoted a number of instances in which the British Medical Association had been able to be of general assistance to the profession, including the Royal Navy and the Indian Medical Services.

Dr. HASLIP deprecated dividing the profession into two classes—panel and non-panel, and said the Association was democratic enough to contain all classes.

The discussion was continued by, among others, Drs. ROSE, STEEN, and HAY; and Dr. Cox made a general reply.

WIMBLEDON DIVISION.

The annual meeting of the Wimbledon Division was held on May 15th, Dr. Powell Evans in the chair.

Annual Report and Election of Officers.—The annual report was received and adopted, and the following officers elected for the year 1913–14:

Chairman.—Dr. Bentley (Mitcham).
Vice-Chairman.—Dr. P. Evans.
Honorary Secretary and Treasurer.—Dr. George Cowie.
Executive Committee.—Drs. Barton, Belilios, Brabyn, Farie, Nash, Purcell, and Randall.
Representative at Representative Meeting.—Dr. Deas.
Representative to Branch Council.—Dr. Purcell.

The meeting decided unanimously to join the Surrey Branch in the event of such a Branch being formed.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH:

FURNESS DIVISION.

The annual meeting of the Furness Division was held at the Masonic Club, Barrow-in-Furness, on May 16th. Dr. Daniel was voted to the chair, and thirteen other members were present.

Election of Officers.—The following officers were appointed for 1913–14:

Chairman.—Dr. Pooley.
Vice-Chairman.—Dr. Allen.
Honorary Secretaries.—Drs. Alexander and Thompson.
Representative at Representative Meetings.—To be appointed by Kendal Division.
Deputy Representative.—Dr. Callaghan.
Representatives on Branch Council.—Drs. Callaghan and Johnston.
Two Members of Executive Committee.—Drs. Daniel and Livingston.

Vote of Thanks.—On the motion of Dr. Alexander a vote of thanks was accorded with acclamation to Dr. Livingston, the retiring Secretary, who had held that position for five years, and who had worked so strenuously on behalf of the Association during the passage of the Insurance Bill through Parliament.

Juvenile Clubs.—A prolonged discussion took place on the question of juvenile clubs, in which most of the members present took part. Eventually a scheme for juvenile contract practice was drawn up, and the Secretaries were instructed to present it to the State Sickness Insurance Committee for approval.

SOUTH-EASTERN BRANCH:

CROYDON DIVISION.

The annual meeting of the Croydon Division was held on May 14th.

Model Ethical Rules.—The Ethical Rules were adopted.

Election of Officers.—The officers for the year 1913–14 were elected as follows:

Chairman.—Dr. J. A. Howard.
Vice-Chairman.—Dr. John Wayte.
Honorary Secretary.—Dr. E. H. Willock.
Assistant Secretary.—Dr. C. G. C. Scudamore.
Representatives for Representative Meeting.—Dr. E. G. C. Daniel, Dr. E. H. Willock.
Deputy Representative for Representative Meeting.—Dr. C. G. C. Scudamore.
Representatives on Branch Council.—Dr. C. Owen Fowler and Dr. C. G. C. Scudamore.
Executive Committee.—Drs. W. V. Braddon, A. B. Carpenter, G. A. Clarkson, A. Z. C. Cressy, E. G. C. Daniel, W. McD. Ellis, C. O. Fowler, G. G. Genge, W. Gripper, R. M. Hugo, C. W. H. Newington, F. Nicholls, A. A. H. Partridge, J. J. Redfern, E. N. Reichardt, J. S. Richards, C. Tylor, G. Wale, R. J. Willson, C. Wray.

SOUTHERN BRANCH:

SALISBURY DIVISION.

A meeting of this Division was held on May 7th, when sixteen members were present.

Election of Officers.—The following officers were elected for the ensuing year:

Chairman.—J. O. March.
Vice-Chairman.—G. Kempe.
Secretary and Treasurer.—J. Armitage.
Representative of Division.—J. E. Gordon.
Representatives on Branch Council.—W. W. Ord, T. B. Henderson.
Executive Committee.—Drs. Saunders, Fison, Gould, Luckham.
Member of Golf Committee.—Mr. T. B. Henderson.

Votes of Thanks.—A unanimous vote of thanks was accorded to Mr. L. D. Saunders for his arduous duties as Chairman of the Division during the preceding year. On the motion of Dr. Blackmore, a vote of thanks was accorded to Dr. J. E. Gordon for the exceptional services he had rendered to the Division, not only in his fifteen years of office, but particularly during the last year, when he did an enormous amount of work in connexion with the Insurance Act, and was also entirely responsible for the Public Medical Service.

Insurance Act.—Dr. J. E. Gordon said that the points mentioned in the letter from the Medical Secretary as proper to be brought to the notice of the County Insurance Committee—including mileage, certificates, remuneration, income limit, representation on Insurance Committee—were receiving the attention of the Local Medical Committee.

Annual Report and Financial Statement.—The annual report of the Division stated that there had been nine meetings of the Division held during the year 1912, with an average attendance of 25. The business of the meetings was almost entirely devoted to matters relating to the National Insurance Act. The balance in the hands of the Treasurer was £2 11s. 5½d. It was again decided to give the sum of £2 2s. to the Salisbury Infirmary as a recognition of its kindness in allowing the Divisional meetings to be held at the infirmary.

Ethical Rules.—The meeting unanimously decided to adopt the Model Ethical Rules for a Division, as published in the British Medical Journal Supplement of September 21st, 1912 (including Rule Z).

Alteration of Grouping of Divisions.—A letter was read from the Branch Secretary in reference to the alteration of the grouping of the Divisions. A general discussion took place on the subject, and the feeling expressed by the meeting was that an alteration of the boundaries of the Division would probably have to be made. It was thought that there should be further discussion on the matter after more information had been received from the Branch Council and the other Divisions of the Branch.

Election of Members of Central Council.—It was decided that the Salisbury Division should support the nomination of the other Divisions of the Branch, and that it was desirable that all the Divisions of the Branch should nominate the same candidate for membership of the Council of the Association.

Clinical Meetings.—On the motion of Dr. Williams-Freeman, seconded by Dr. Fison, it was unanimously resolved:

> That the Executive Committee consider the best means to insure the holding of clinical meetings at regular intervals and to make arrangements accordingly.

Presentation.—Before the meeting the members of the profession in the Salisbury Division presented their retiring Honorary Secretary, Dr. J. E. Gordon, with a gold watch, and Mrs. Gordon with a rose bowl, to show their great appreciation of the work they had done, and to serve as a reminder of the continued gratitude and good will of the profession. Out of 52 men in general practice in the area of the Division 49 subscribed to the testimonial.

WAKEFIELD, PONTEFRACT, AND CASTLEFORD DIVISION.

A meeting of this Division was held at the Clayton Hospital, Wakefield, on May 6th. Dr. J. W. Walker (Wakefield) was in the chair, and twelve other members were present.

Model Ethical Rules.—The revised model ethical rules, approved by the Representative Meeting of July, 1912, and printed in the Supplement of the British Medical Journal of September 21st and 28th, 1912, were unanimously adopted.

Fund for Payment of Representative.—The Treasurer (Dr. Steven) presented his account, showing that the expenses during last year amounted to ten guineas, leaving a balance of £22 10s. 6d. in the bank.

Congratulations to Officers.—Upon the proposal of Dr. Eardley, seconded by Dr. Walker, the congratulations of the Division were offered to Dr. May and Dr. Hillman, who have been appointed Chairman and Vice-Chairman respectively of the Local Medical Committee of the West Riding of Yorkshire.

Date of Next Meeting.—It was decided to hold the next meeting of the Division not later than the end of May or beginning of June to consider the annual report of Council and the provisional agenda of the Annual Representative Meeting.

Association Notices.

NOMINATIONS FOR COUNCIL, 1913–14.

ENGLAND AND WALES.

North of England, and North Lancashire and South Westmorland Branches:
David Fee Todd, L.R.C.P., Beech House, Sunderland.

Yorkshire Branch:
Henry Johnstone Campbell, M.D., 36, Manningham Lane, Bradford.

Lancashire and Cheshire Branch:
John Brown, M.D., Burwood House, Bacup.
Thomas Arthur Helme, M.D., 8, St. Peter's Square, Manchester.
Frederic Charles Larkin, F.R.C.S., 54, Rodney Street, Liverpool.

East York, North Lincoln, and Midland Branches:
Adam Fulton, M.B., Armoy, Basford, Nottingham.

Cambridge and Huntingdon, East Anglian, and South Midland Branches:
Boston Elphinstone Fordyce, M.B., 61, Chesterton Road, Cambridge.

Birmingham and Staffordshire Branches:
Albert Lucas, F.R.C.S., 9, Easy Row, Birmingham.

North Wales, Shropshire, and Mid-Wales, and South Wales and Monmouthshire Branches:
William Frederick Brook, F.R.C.S., Longlands House, Swansea.

Metropolitan Counties Branch:
Moses George Biggs, M.D., 101, Northcote Road, Battersea, S.W.
Charles Buttar, M.D., 10, Kensington Gardens Square, W.
Major Greenwood, M.D., 243, Hackney Road, N.E.
Edwin Charles Montgomery-Smith, M.R.C.S., L.R.C.P., 36, Abbey Road, St. John's Wood, N.W.
Basil Gordon Morison, M.D., 115, Green Lanes, N.
Frederick John Smith, M.D., 138, Harley Street, W.

Bath and Bristol, Gloucestershire, West Somerset, and Worcestershire and Herefordshire Branches:
George Parker, M.D., 14, Pembroke Road, Bristol.

Dorset and West Hants and South-Western Branches:
Frank Fowler, M.D., 29, Poole Road, Bournemouth.

Oxford and Reading and Southern Branches:
Bonner Harris Mumby, M.D., Boro' Asylum, Portsmouth.

South-Eastern Branch:
Charles Henry Benham, M.D., 27, Sackville Road, Hove.
Thomas Barrett Heggs, M.D., Town Hall, Sittingbourne, Kent.
Cyril Courtenay Lord, M.R.C.S., L.R.C.P., 155, High Street, Gillingham, Kent.
John Scott, M.B., 18, Widmore Road, Bromley, Kent.

SCOTLAND.

Aberdeen, Northern Counties of Scotland, Dundee, and Perth Branches:
John Gordon, M.D., 1, Rubislaw Terrace, Aberdeen.

Edinburgh and Fife Branches:
John Rogerson Hamilton, M.D., Elm House, Hawick, N.B.

Glasgow and West of Scotland Branch (Four City Divisions):
John Adams, M.B., 1, Queen's Crescent, Glasgow.

Glasgow and West of Scotland (Four County Divisions), Border Counties, and Stirling Branches:
James Livingstone Loudon, M.D., Linnwood, Hamilton, N.B.

IRELAND.

Connaught and South-Eastern of Ireland Branches:
Denis Walshe, L.R.C.P.I., Graigue, co. Kilkenny.

Leinster Branch:
No nomination.

Munster Branch:
Professor Henry Corby, M.D., 19, St. Patrick's Place, Cork.

Ulster Branch:
Robert James Johnstone, F.R.C.S., 14, University Square, Belfast.

SPECIAL MEETING OF COUNCIL.

A SPECIAL Meeting of the Council will be held at Eleven o'clock in the forenoon of Friday, June 13th, in the Council Room at 429, Strand, London, W.C., to consider a Report of the Organization Committee on the Reform of the Present Constitution of the Association.

By Order,
GUY ELLISTON,
Financial Secretary and Business Manager.

May 22nd, 1913.

BRANCH AND DIVISION MEETINGS TO BE HELD.

BATH AND BRISTOL BRANCH.—Mr. W. M. Beaumont (4, Gay Street, Bath) and Dr. Newman Neild (9, Richmond Hill, Clifton, Bristol) Honorary Secretaries, give notice that the annual meeting of the Branch will be held on Wednesday, May 28th, in the Museum, Bath, at 5.30 p.m., when Dr. Roxburgh will resign the chair to Dr. J. Wigmore, President-elect, who will deliver the presidential address. The business of the meeting will be to receive the report of the Council and the Annual Financial Statement; to elect the officers of the Branch; to receive the report of the election of members of Council and of the Representatives of Divisions; to transact the necessary business; and to consider such subjects connected with the interest of the Branch and of the profession as may be brought before it.

BIRMINGHAM BRANCH.—Mr. J. Furneaux Jordan and Dr. J. G. Emanuel, Honorary Secretaries (9, Newhall Street, Birmingham), give notice that the annual meeting of the Birmingham Branch will be held in the Medical Institute on Thursday, June 19th, at 3 p.m. Business: Election of officers. Annual report and financial statement. Inaugural address by the incoming President, Mr. W. F. Haslam.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—Drs. Laurence E. Price and Duncan Davidson, Honorary Secretaries (15, Priory Row, Coventry), give notice that the annual meeting of the constituency of the Nuneaton and Tamworth and Coventry Divisions will be held at 3.30 p.m. on Thursday, June 5th, at the Coventry Hospital, to elect a Representative for the Brighton Meeting, and any other business. At the conclusion of this meeting the annual meeting of the Coventry Division will be held for the election of officers, to consider a proposed alteration of date of meetings, and to receive the report of the Executive Committee.

MALTA AND MEDITERRANEAN BRANCH.—Dr. A. V. Bernard, Honorary Secretary (Valetta) gives notice that the annual meeting of the Branch will be held at the Central Civil Hospital, Floriana, on May 31st, at 4 p.m.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—Dr. A. G. Southcombe, Honorary Secretary (83, Sidney Road, Homerton, N.E.), gives notice that the eleventh annual general meeting of the Division will be held in Balfour Hall, Dunstan Street, Kingsland Road, on Friday, May 30th, at 3.30 p.m.

METROPOLITAN COUNTIES BRANCH: EAST HERTFORDSHIRE DIVISION.—Dr. H. D. Ledward, Honorary Secretary (123, Norton Way, Letchworth) gives notice that the first annual meeting of the Division will be held at 2.30 p.m., on Friday, June 20th, at the Town Hall, Ware, to elect officers, the Representative of the Division on the Branch Council, the ordinary members of the Executive Committee, and the Representative of the Division in Representative Meetings. To receive the Honorary Secretary's Annual Report. To alter Rule I defining the area of the Division in accordance with the decision of the Organization Committee of the Association. To consider the business of the Annual Representative Meeting and instruct the Representative thereon.

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.—Drs. Walter E. Fry and P. C. Raiment, Honorary Secretaries, give notice that the annual meeting will take place at Kensington Town Hall on Friday, June 13th, at 5 p.m., for the transaction of the following business: Annual report. Elect officers and Representatives for 1913–14, and elect Executive Committee.

NORTHERN COUNTIES OF SCOTLAND BRANCH: INVERNESSSHIRE DIVISION.—Dr. J. W. Mackenzie, Honorary Secretary (5, Castle Street, Inverness) gives notice that the annual meeting of the Division will be held at the Northern Infirmary, Inverness, on Wednesday, May 28th, at 3.30 p.m. Business: Executive Committee's Report. To elect Office-bearers and Representative and Deputy Representative in the Annual Representative Meeting, and to consider the business of that meeting. Members are requested to bring to the meeting the BRITISH MEDICAL JOURNAL SUPPLEMENT of April 19th, May 3rd and 10th, which contain matters specially referred to the Division.

SOUTH-EASTERN BRANCH.—Dr. E. A. Starling, Honorary Secretary (Chillingworth House, Tunbridge Wells), gives notice that the sixty-ninth annual meeting of the Branch will be held on Wednesday, June 11th, at 1.30 p.m., at the Lion Hotel, High Street, Guildford. Dr. Arthur M. Mitchell (President-elect) invites members to lunch at the Lion Hotel, High Street, at 12.45 p.m. sharp. Agenda: In addition to the business of an ordinary meeting, (1) to receive the report of the election of officers for 1913–14; (2) to receive the annual report of the Council and financial statement, and (3) the ethical rules presented by the Council; (4) to consider the following resolution: "The South-Eastern Branch Council advise the Branch to request the Council of the Association to consent to the division of the unwieldy South-Eastern Branch into three Branches, corresponding with the three counties of Kent, Sussex, and Surrey." An excursion is arranged for the afternoon, to view the Lord Mayor Treloar's Cripples' Home at Alton, where Dr. and Mrs. Gauvain kindly invite the members to tea. The special train leaves Guildford Station at 2.40 p.m., returning about 5.30 p.m. Tickets for the return journey, 3s. 6d. each. The annual dinner will be held at the Lion Hotel, at 6.30 p.m. Members intending to be present at the lunch, excursion, or dinner wishing hospitality for the night are requested to signify their intention to Cecil P. Lankester, Esq., 1, Rectory Place, Guildford, not later than Saturday, June 7th.

SOUTH MIDLAND BRANCH: NORTHAMPTONSHIRE DIVISION.—Dr. P. S. Hichens, Honorary Secretary, gives notice that the annual meeting of the Division will be held in the Board Room of the Northampton General Hospital on May 29th, at 2.30 p.m. The meeting will be preceded by a luncheon at Franklin's Restaurant, Guildhall Road, at 1.30 p.m. Those wishing to attend the luncheon should notify the Honorary Secretary two days beforehand. Agenda: Election of officers for the ensuing year. Annual report of the Division. Consideration of agenda for the Representative Meeting. Consideration of other memoranda sent down from the Association. If time permits some clinical cases will be shown.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.—Dr. S. Colen Legge, Honorary Secretary (24, Foregate Street, Worcester), gives notice that a meeting of the Branch will be held at the Imperial Hotel, Malvern, on May 29th, at 4.15 p.m.

Vital Statistics.

HEALTH OF ENGLISH TOWNS.

IN ninety-six of the largest English towns 9,018 births and 4,765 deaths were registered during the week ending Saturday, May 10th. The annual rate of mortality in these towns, which had been 15.8, 14.8, and 14.2 per 1,000 in the three preceding weeks, further fell to 13.9 per 1,000 in the week under notice. In London the death-rate was equal to 13.6, against 16.4, 14.8, and 14.2 per 1,000 in the three preceding weeks. Among the ninety-five other large towns the death-rates ranged from 7.5 in Acton, 8.1 in Bournemouth, 8.3 in Edmonton, 8.6 in Eastbourne, 8.8 in Southend-on-Sea, and 9.6 in Leyton and in Ilford to 18.8 in Carlisle and in Aberdare, 19.9 in Stockton-on-Tees, 20.2 in Bootle, 20.3 in Middlesbrough, and 22.3 in Walsall. Measles caused a death-rate of 1.6 in Wolverhampton, 2.3 in Edmonton, 2.7 in Wimbledon, 3.5 in Smethwick, 4.5 in Walsall, and 5.8 in St. Helens, and whooping-cough of 1.3 in Stoke-on-Trent, 1.4 in Bootle, and 1.6 in Brighton. The mortality from the remaining epidemic diseases showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The causes of 38, or 0.8 per cent., of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest; of this number 6 were recorded in Birmingham, 6 in Liverpool, and 2 each in Warrington, Manchester, Preston, Barrow-in-Furness, and South Shields. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 1,334, 1,339, and 1,375 at the end of the three preceding weeks, had further risen to 1,403 on Saturday, the 10th inst.; 206 new cases were admitted during the week, against 215, 185, and 216 in the three preceding weeks.

In ninety-six of the largest English towns 7,833 births and 4,368 deaths were registered during the week ending Saturday, May 17th. The annual rate of mortality in these towns, which had been 14.8, 14.2, and 13.9 per 1,000 in the three preceding weeks, further fell to 12.8 per 1,000 in the week under notice. In London the death-rate was equal to 12.0, against 14.8, 14.2, and 13.6 per 1,000 in the three preceding weeks. Among the ninety-five other large towns the death-rate ranged from 5.8 in Oxford, 6.4 in Great Yarmouth, 6.6 in Ilford, 7.0 in Reading and in Lincoln, and 7.7 in Tynemouth and in Newport (Mon.) to 18.1 in Sunderland, 19.0 in Walsall, 19.2 in Brighton, 20.3 in Stoke-on-Trent, 20.8 in Preston, and 22.9 in Wakefield. Measles caused a death-rate of 1.7 in Stoke-on-Trent, 2.2 in Wolverhampton and in Salford, 2.7 in Wimbledon, 3.1 in St. Helens, and 4.5 in Walsall. The mortality from the remaining infective diseases showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The causes of 36, or 0.8 per cent., of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest; of this number 6 were registered in Birmingham and 2 each in Stoke-on-Trent, Liverpool, St. Helens, Bury, Preston, and South Shields. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 1,339, 1,375, and 1,403 at the end of the three preceding weeks, had further risen to 1,411 on Saturday, May 17th; 171 new cases were admitted during the week, against 185, 216, and 206 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

IN the sixteen largest Scottish towns 1,174 births and 719 deaths were registered during the week ending Saturday, May 10th. The annual rate of mortality in these towns, which had been 17.7, 17.3, and 17.2 per 1,000 in the three preceding weeks, further fell to 16.6 in the week under notice, but was 2.7 per 1,000 above the rate in the ninety-six large English towns. Among the several Scottish towns the death-rates ranged from 6.0 in Kilmarnock, 9.2 in Ayr, and 11.0 in Clydebank to 18.0 in Coatbridge, 22.8 in Aberdeen, and 23.8 in Perth. The mortality from the principal infective diseases averaged 2.4 per 1,000, and was highest in Perth and Aberdeen. The 343 deaths from all causes registered in Glasgow included 26 from whooping-cough, 12 from measles, 11 from infantile diarrhoeal diseases, 6 from diphtheria, and 2 from scarlet fever. Sixteen deaths from measles, 3 from whooping-cough, and 2 from diphtheria were recorded in Aberdeen; 4 from whooping-cough in Edinburgh, 3 in Motherwell, 2 in Paisley, and 2 in Hamilton; and 5 from infantile diarrhoeal diseases in Dundee.

In the sixteen largest Scottish towns 1,250 births and 711 deaths were registered during the week ending Saturday, May 17th. The annual rate of mortality in these towns, which had been 17.3, 17.2, and 16.6 per 1,000 in the three preceding weeks, further fell to 16.4 in the week under notice, but was 3.6 per 1,000 above the rate recorded in the ninety-six large English towns. Among the several towns the death-rates ranged from 7.3 in Falkirk, 8.9 in Motherwell, and 11.0 in Clydebank to 20.3 in Hamilton, 20.4 in Coatbridge, and 23.5 in Kirkcaldy. The mortality from the principal infective diseases averaged 2.1 per 1,000, and was highest in Falkirk and Aberdeen. The 341 deaths from all causes registered in Glasgow included 18 from whooping-cough, 13 from measles, 7 from infantile diarrhoeal diseases, 3 from scarlet fever, and 1 from enteric fever. Eight deaths from whooping-cough were recorded in Edinburgh, 2 in Aberdeen, and 2 in Greenock, and 16 deaths from measles in Aberdeen and 3 in Dundee.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, May 10th, 629 births and 443 deaths were registered in the twenty-seven principal urban districts of Ireland, as against 725 births and 425 deaths in the preceding period. These deaths represent a mortality of 19.3 per 1,000 of the aggregate population in the districts in question, as against 18.5 per 1,000 in the previous period. The mortality in these Irish areas was, therefore, 5.4 per 1,000 higher than the corresponding rate in the ninety-six English towns during the week ending on the same date. The birth-rate, on the other hand, was equal to 27.4 per 1,000 of population. As for mortality of individual localities, that in the Dublin registration area was 20.4 as against an average of 21.4 for the previous four weeks, in Dublin city 23.9 (as against 23.1), in Belfast 17.1 (as against 18.3), in Cork 23.8 (as against 24.1), in Londonderry 5.1 (as against 13.0), in Limerick 24.4 (as against 21.3), and in Waterford 20.9 (as against 16.6). The zymotic death-rate was 1.2 as against 0.9 in the previous week.

ENGLISH URBAN MORTALITY IN THE FIRST QUARTER OF 1913.

[SPECIALLY REPORTED FOR THE "BRITISH MEDICAL JOURNAL."]

IN the accompanying table will be found summarized the vital statistics of ninety-six of the largest English towns, based upon the Registrar-General's weekly returns for the first quarter of the year. The 113,172 births registered in these towns during the quarter were equal to an annual rate of 25.4 per 1,000 of the population, estimated at 17,852,766 in the middle of the year. In London the birth-rate last quarter was 25.7 per 1,000, while among the ninety-five other large towns it ranged from 13.1 in Hastings, 14.3 in Southport, 15.2 in Bournemouth, 15.3 in Bath, 15.4 in Hornsey, 16.0 in Blackpool, and 17.0 in Ilford to 31.7 in St. Helens and in Stockton-on-Tees, 32.0 in West Ham, 32.1 in Middlesbrough, 32.5 in Rhondda, and 32.9 in Warrington.

The 75,154 deaths registered in these towns during the quarter under notice corresponded to an annual rate of 16.9 per 1,000. In London the death-rate was 17.5 per 1,000, while among the other towns it ranged from 10.9 in Hornsey, 11.0 in Ilford, 11.2 in Ealing, 11.3 in Gillingham, 11.4 in Enfield, 11.6 in Eastbourne, and 11.8 in Walthamstow to 20.3 in West Hartlepool, 20.5 in Liverpool, 20.7 in Bootle and in South Shields, 21.7 in Preston, 22.1 in West Bromwich, 23.8 in Wigan, 24.7 in Stockton-on-Tees, and 25.7 in St. Helens.

The 75,154 deaths from all causes included 170 which were referred to enteric fever, 3,112 to measles, 312 to scarlet fever, 913 to whooping-cough, 668 to diphtheria, and 969 (among children under 2 years of age) to diarrhoea and enteritis. The 170 deaths from enteric fever were equal to an annual rate of 0.04 per 1,000; in London the rate from this disease was 0.03 per 1,000, while among the other towns it ranged upwards to 0.15 in Gillingham, in Wakefield and in Stockton-on-Tees, 0.17 in Preston, 0.20 in Stoke-on-Trent, and 0.24 in Merthyr Tydfil. The 3,112 fatal cases of measles corresponded to an annual rate of 0.70 per 1,000; in London the rate was of 0.75 per 1,000, while among the other towns it ranged upwards to 2.22 in Stockton-on-Tees, 2.34 in Barrow-in-Furness, 2.92 in Swindon, 4.55 in Wigan, 5.17 in West Bromwich, and 5.65 in St. Helens. The 312 deaths from scarlet fever were equal to an annual rate of 0.07 per 1,000; in London the scarlet fever death-rate was 0.05 per 1,000, while it ranged upwards in the other towns to 0.28 in Cambridge and in Darlington, 0.32 in Rhondda, 0.40 in St. Helens, 0.41 in Preston, and 0.46 in Aberdare. The 913 fatal cases of whooping-cough corresponded to an annual death-rate of 0.21 per 1,000; in London the death-rate from this disease was 0.27 per 1,000, while among the other towns it ranged upwards to 0.53 in Ipswich, 0.57 in Wigan, 0.77 in Acton, 0.81 in Warrington, 0.84 in Cambridge, and 0.93 in Rotherham. The 668 deaths from diphtheria were equal to an annual rate of 0.15 per 1,000; in London the mortality from this cause was at the rate of 0.10 per 1,000, while among the other towns it ranged upwards to 0.40 in Burnley, 0.47 in Swansea, 0.52 in Rhondda, 0.53 in Portsmouth, 0.66 in Coventry, and 0.80 in Barrow-in-Furness. The 969 deaths from diarrhoea and enteritis among children under 2 years of age were equal to a rate of 8.56 per 1,000 of the births registered during the quarter; in London the proportion was 10.30 per 1,000, while in the other large towns it ranged upwards to 13.61 in Ipswich, 13.73 in Salford, 16.00 in Oxford, 16.31 in Burnley, 16.89 in Bolton, 21.29 in Stoke-on-Trent, and 30.24 in West Bromwich.

Infant mortality, measured by the proportion of deaths among children under 1 year of age to registered births, was equal to 125 per 1,000 last quarter. In London the rate of infant mortality was 116 per 1,000, while among the other towns the rates ranged from 65 in Hornsey, 68 in Gillingham, 69 in Eastbourne, 70 in Devonport, and 73 in East Ham to 177 in West Hartlepool, 183 in Rotherham and in Carlisle, 185 in St. Helens, 187 in Stoke-on-Trent, 202 in Preston, and 230 in Wigan.

The causes of 654, or 0.9 per cent., of the deaths registered in the ninety-six towns last quarter were not certified either by a registered medical practitioner or by a coroner. In 38 of the towns the causes of all the deaths were duly certified; among the other towns the highest proportions per cent. of uncertified deaths were 3.2 in Gillingham, 3.4 in Coventry and in Southport, 3.6 in Birmingham, 4.2 in Tynemouth, 4.6 in Bootle, 4.8 in Dudley, 5.4 in Warrington, 5.6 in Gateshead, and 6.8 in Darlington.

Analysis of the Vital Statistics of Ninety-six of the Largest English Towns during the First Quarter of 1913.

Towns.	Estimated Population middle of 1913.	Births.	Deaths.	Annual rate per 1,000 Living.		Deaths from							Deaths of Children under 1 year of age to 1,000 Births.	Rate per Cent. of Uncertified Deaths.
				Births.	Deaths.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Diarrhœa and Enteritis (under 2 years of age).		
96 Towns	17,852,766	113,172	75,154	25.4	16.9	170	—	3,112	312	913	668	969	125	0.9
London	4,518,191	28,945	19,695	25.7	17.5	29	—	845	52	300	113	298	116	0.1
Croydon	178,094	914	601	20.6	13.5	3	—	21	2	8	4	5	109	—
Wimbledon	58,156	279	181	19.2	12.5	1	—	6	—	1	4	3	125	—
Ealing	67,977	318	189	18.8	11.2	—	—	3	1	2	—	1	113	—
Acton	62,230	356	232	23.0	15.0	—	—	23	—	12	2	3	121	0.4
Willesden	163,655	970	530	23.8	13.0	1	—	40	1	11	1	2	111	0.2
Hornsey	87,596	336	237	15.4	10.9	1	—	8	—	4	2	—	65	0.4
Tottenham	145,736	918	474	25.3	13.0	—	—	19	2	3	6	9	107	—
Edmonton	69,086	474	249	27.5	14.5	—	—	30	—	2	3	2	127	—
Enfield	59,597	326	170	21.9	11.4	—	—	7	—	—	—	—	110	1.2
West Ham	294,223	2,347	1,237	32.0	16.9	4	—	61	6	12	11	22	101	0.4
East Ham	142,467	898	426	25.3	12.0	—	—	14	2	2	5	5	73	—
Leyton	130,922	757	390	23.2	11.9	—	—	19	—	6	2	4	77	—
Walthamstow	131,636	772	388	23.5	11.8	1	—	11	—	4	11	5	85	—
Ilford	87,040	368	238	17.0	11.0	—	—	18	1	1	2	—	84	—
Gillingham	54,530	325	154	23.9	11.3	2	—	—	—	—	2	—	68	3.2
Hastings	60,095	197	229	13.1	15.3	—	—	2	1	2	1	3	96	—
Eastbourne	54,691	233	158	17.1	11.6	1	—	21	1	—	2	—	69	—
Brighton	133,096	643	502	19.4	15.1	1	—	—	5	13	1	5	118	—
Portsmouth	241,256	1,534	906	25.5	15.1	3	—	1	3	9	32	11	106	0.6
Bournemouth	83,205	315	286	15.2	13.8	—	—	—	—	6	1	3	89	—
Southampton	122,412	728	428	23.9	14.0	—	—	15	—	—	3	2	78	—
Reading	89,339	441	299	19.8	13.4	2	—	—	—	6	3	2	111	0.3
Oxford	53,937	250	219	18.6	16.3	—	—	1	—	1	1	4	116	—
Northampton	90,793	456	356	20.2	15.7	1	—	35	3	1	6	5	118	—
Cambridge	57,096	257	212	18.1	14.9	—	—	—	4	12	1	—	113	0.5
Southend-on-Sea	70,825	327	222	18.5	12.6	1	—	7	—	2	2	2	110	2.3
Ipswich	75,682	441	294	23.4	15.6	—	—	1	1	10	4	6	113	—
Great Yarmouth	57,005	320	203	22.5	14.3	—	—	3	—	2	—	—	88	0.5
Norwich	123,288	714	434	23.2	14.1	1	—	2	3	7	3	3	83	—
Swindon	52,128	328	244	25.2	18.8	—	—	38	2	5	—	—	116	—
Plymouth	113,083	681	538	24.2	19.1	2	—	37	3	2	3	7	129	—
Devonport	84,371	513	267	24.4	12.7	—	—	4	1	1	8	3	70	—
Bath	69,944	267	291	15.3	16.7	—	—	28	—	6	—	2	146	—
Bristol	361,362	1,971	1,400	21.9	15.5	—	—	20	1	25	7	6	119	—
Gloucester	50,533	303	200	24.0	15.9	1	—	12	1	—	2	1	92	3.0
Stoke-on-Trent	239,284	1,879	1,186	31.5	19.9	12	—	18	2	29	23	40	187	2.4
Wolverhampton	95,601	642	441	26.9	18.5	—	—	37	—	9	3	5	137	—
Walsall	93,477	726	386	31.2	16.6	1	—	13	—	7	5	4	136	—
West Bromwich	69,088	496	381	28.8	22.1	—	—	89	—	7	—	15	167	1.0
Dudley	51,641	369	229	28.7	17.8	1	—	—	1	2	—	4	144	4.8
Birmingham	859,644	5,802	3,562	27.1	16.6	6	—	272	53	16	46	72	130	3.6
Smethwick	74,565	495	251	26.6	13.5	1	—	10	3	2	1	4	139	0.8
Coventry	115,064	768	441	26.8	15.4	1	—	7	—	3	19	4	132	3.4
Leicester	230,970	1,291	873	22.4	15.2	1	—	13	2	3	7	12	134	0.2
Lincoln	59,322	372	228	25.2	15.4	—	—	2	2	7	1	2	124	0.9
Grimsby	77,420	528	286	27.4	14.8	—	—	17	—	3	1	4	110	0.7
Nottingham	264,735	1,498	1,066	22.7	16.2	2	—	—	4	26	5	14	136	0.1
Derby	125,462	752	485	24.0	15.5	1	—	6	1	—	—	1	129	—
Stockport	112,480	636	443	22.7	15.8	2	—	—	1	2	3	7	132	0.2
Birkenhead	135,557	942	550	27.9	16.3	—	—	4	1	15	9	5	102	—
Wallasey	84,476	460	275	21.8	13.1	—	—	9	1	3	—	2	85	—
Liverpool	756,553	5,777	3,864	30.6	20.5	5	—	143	9	81	21	59	130	2.6
Bootle	72,186	506	372	28.1	20.7	—	—	25	—	8	1	5	170	4.6
St. Helens	99,460	785	638	31.7	25.7	1	—	140	10	4	5	5	185	3.0
Southport	71,092	254	265	14.3	15.0	—	—	1	1	2	—	3	87	3.4
Wigan	90,763	631	539	27.9	23.8	3	—	103	—	13	—	5	230	—
Warrington	74,065	608	313	32.9	17.0	2	—	8	—	15	—	3	138	5.4
Bolton	183,879	1,066	825	23.3	18.0	6	—	38	2	6	7	18	143	0.4
Bury	59,159	308	259	20.9	17.6	—	—	10	—	1	1	—	140	2.7
Manchester	730,976	4,706	3,218	25.8	17.7	11	—	89	18	25	38	61	128	0.3
Salford	233,849	1,530	950	26.2	16.3	7	—	14	2	7	6	21	127	0.3
Oldham	149,936	921	686	24.6	18.4	—	—	2	4	4	4	9	147	—
Rochdale	93,420	505	395	21.7	17.0	3	—	5	2	—	1	3	85	0.5
Burnley	109,021	613	501	22.6	18.4	1	—	—	1	2	11	10	170	2.8
Blackburn	133,971	727	605	21.8	18.1	1	—	1	—	8	1	8	140	2.1
Preston	118,070	688	638	23.4	21.7	5	—	60	12	3	4	8	202	2.7
Blackpool	61,012	243	240	16.0	15.8	—	—	1	—	—	3	—	111	2.1
Barrow-in-Furness	65,252	502	315	30.9	19.4	1	—	38	3	—	13	6	129	2.5
Huddersfield	110,882	538	446	19.5	16.1	—	—	9	6	—	3	1	78	—
Halifax	100,740	459	441	18.3	17.6	3	—	5	1	2	3	3	100	1.8
Bradford	290,540	1,420	1,126	19.6	15.5	2	—	2	4	10	20	2	92	—
Leeds	457,295	2,696	2,041	23.6	17.9	3	—	55	5	19	16	13	135	0.0
Dewsbury	53,855	319	255	23.8	19.0	1	—	3	2	1	1	3	163	—
Wakefield	52,291	296	216	22.7	16.6	2	—	1	—	1	1	3	159	—
Barnsley	52,897	391	242	29.6	18.4	—	—	4	—	2	1	1	159	—
Sheffield	471,662	3,255	2,140	27.7	18.2	5	—	227	11	8	15	16	134	1.1
Rotherham	64,432	482	321	30.0	20.0	—	—	5	1	15	4	3	183	1.6
York	83,329	529	319	25.5	15.4	—	—	—	—	2	3	3	121	—
Hull	287,032	2,000	1,102	27.9	15.4	2	—	5	—	8	11	9	106	0.6
Middlesbrough	107,993	864	480	32.1	17.8	—	—	9	3	—	3	11	140	1.3
Darlington	58,295	374	249	25.7	17.1	1	—	7	4	1	5	—	115	6.8
Stockton-on-Tees	52,316	414	322	31.7	24.7	2	—	29	1	5	2	1	174	1.2
West Hartlepool	64,234	474	325	29.6	20.3	2	—	20	—	—	4	—	177	0.9
Sunderland	152,377	1,171	766	30.8	20.2	1	—	30	1	2	9	3	146	1.7
South Shields	110,513	862	571	31.3	20.7	—	—	48	3	3	1	2	123	3.0
Gateshead	118,601	889	517	30.1	17.5	3	—	9	1	3	3	4	145	5.6
Newcastle-on-Tyne	271,295	1,855	1,250	27.4	18.5	4	—	49	3	17	13	4	150	0.4
Tynemouth	60,601	440	262	29.1	17.3	2	—	2	3	—	3	2	98	4.2
Carlisle	52,630	273	230	20.8	17.5	—	—	2	—	3	1	2	183	2.6
Newport (Mon.)	87,626	558	374	25.5	17.1	1	—	21	6	—	6	3	142	0.3
Cardiff	186,554	1,177	673	25.3	14.5	1	—	1	2	4	13	7	118	—
Rhondda	162,137	1,312	675	32.5	16.7	—	—	26	13	9	21	10	161	0.7
Merthyr Tydfil	83,808	628	330	30.1	15.8	5	—	5	3	2	3	7	153	0.3
Aberdare	52,619	398	232	30.3	17.7	—	—	7	6	3	2	3	173	—
Swansea	119,485	850	464	28.5	15.6	1	—	4	2	2	14	10	139	0.2

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following announcements are notified by the Admiralty:

Surgeon-General Sir JAMES PORTER, K.C.B., Director-General of the Medical Department, has been placed on the retired list at his own request, May 11th.

Surgeon-General ARTHUR W. MAY, C.B., Director-General of the Medical Department, has been granted the relative rank of Vice-Admiral, May 11th.

Surgeon-General Sir THOMAS D. GIMLETTE, K.C.B., has been placed on the retired list at his own request, May 6th. Deputy Surgeon-General JOHN J. DENNIS, M.D., has been promoted to the rank of Surgeon-General, May 11th. Deputy Surgeon-General WILLIAM TAIT, M.B., has been placed on the retired list at his own request, May 6th. Staff Surgeon D. G. ADDISON-SCOTT, M.B., to the *Excellent*, additional for *Albermarle*, May 22nd. Surgeon ALBERT E. MALONE, to the *Vivid*, additional for disposal, May 24th. Surgeon HAMLET M. WHELAN, to the *Vivid*, for disposal, May 24th. Surgeon ROBERT F. CORY, B.A., to the *Pembroke*, additional for disposal, May 24th. Surgeon HENRY STC. COLSON, to the *Pembroke*, additional for disposal, May 24th. Surgeon GEORGE A. FINEGAN, to the *Victory*, additional for disposal on termination of appointment to *Excellent*, undated. Surgeon JOHN T. D. S. HIGGINS, M.B., B.A., to the *Victory* for disposal, to be lent to the R.N. Barracks, vice Fairley, May 24th. Surgeon JACKSON G. BOAL, M.B., to the *Temeraire*, vice Sankey, June 5th. Surgeon FREDERICK ST. B. WICKHAM, to the *Pembroke* for disposal, May 24th. Surgeon SIDNEY PUNCH, to the *Victory* for disposal, May 24th. Surgeon C. F. O. SANKEY, M.B., to the *Dwarf*, on recommissioning, June 5th. Surgeon HERBERT STONE, M.B., has been placed on the retired list, April 30th.

ROYAL NAVAL VOLUNTEER RESERVE.

The following have been appointed Surgeons, with seniority of April 26th, and attached to the Clyde Division: DUNCAN LORIMER, HUGH S. REID, and DAVID P. D. WILKIE.

FREDERICK S. HEWETT, M.D., has been appointed Surgeon, unattached, May 5th.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

MAJOR T. F. RITCHIE, lately serving in West Africa, has joined the London district for duty.

Brevet-Major ARTHUR B. SMALLMAN, M.B., to be Assistant Instructor at the School of Army Sanitation, March 3rd.

Captain CHARLES G. THOMSON to be Major, May 3rd.

Captain G. G. COLLET has been granted leave for six months, *ex* India.

Captain C. A. T. CONYNGHAM has been appointed a Specialist in Dermatology, 5th (Mhow) Division, with effect from April 14th.

Captain F. A. H. CLARK has been appointed to the charge of the Brigade Laboratory, Calcutta, with effect from April 8th.

INDIAN MEDICAL SERVICE.

MAJOR R. H. PRICE, I.M.S., is appointed a Specialist in Advanced Operative Surgery, with effect from March 25th, 1913.

Major THOMAS STODART has been appointed Lieutenant-Colonel, January 30th.

Major F. N. WINDSOR has been granted combined leave for one year and eight months with effect from May 1st, 1913.

The services of Major H. R. NUTT have been placed permanently at the disposal of the Government of the United Provinces.

The promotion of Major FELIX OSWALD N. MELL, M.A., to his present rank is antedated from July 9th, 1908, as notified in the *Gazette* of October 20th, 1908, to January 29th, 1908.

The promotion of Major GEORGE BROWSE, M.D., to his present rank is antedated from January 27th, 1912, as notified in the *Gazette* of March 22nd, 1912, to July 27th, 1911.

The services of Captain R. A. LLOYD, I.M.S., have been placed at the disposal of the Central Provinces Administration for officiating civil employment.

Captain N. N. ROBSON, I.M.S., is appointed a Specialist in Mental Science, with effect from April 1st, 1913.

Captain D. G. COOPER, I.M.S., is appointed a Specialist in Electrical Science, with effect from March 21st, 1913.

Captain E. W. O'G. KIRWAN, I.M.S., is appointed a Specialist in Electrical Science, with effect from March 25th, 1913.

Captain H. P. COOK has been appointed to officiate as Civil Surgeon, Wano, with effect from April 11th, 1913.

The King has approved of the confirmation of the commission of the following Lieutenant on probation, with effect from July 27th, 1912: JORDAN C. JOHN, M.B.

TERRITORIAL FORCE.

ARMY MEDICAL SERVICE.

LIEUTENANT-COLONEL ASTLEY V. CLARKE, M.D., from the Fifth North General Hospital, to be Colonel, on appointment as Assistant Director of Medical Services of the North Midland Territorial Division, May 10th.

ROYAL ARMY MEDICAL CORPS.

Major JAMES R. KAYE, M.B., Sanitary Officer of the West Riding Territorial Division, to be Lieutenant-Colonel, May 17th.

Third West Riding Field Ambulance.—Lieutenant-Colonel THOMAS S. ADAIR, M.D., on completion of his period of service in command of a field ambulance, is retired, and is granted permission to retain his rank and to wear the prescribed uniform, May 17th.

Third London General Hospital.—HARRY E. BRUCE BRUCE-PORTER (formerly Surgeon-Captain, Army Medical Staff) to be Lieutenant-Colonel in the permanent personnel, March 12th.

Third Northern General Hospital.—Lieutenant-Colonel JOHN S. WHITE, M.D., F.R.C.S., from the permanent personnel, to be Lieutenant-Colonel, whose services will be available on mobilization, May 17th.

Second Western General Hospital.—Lieutenant-Colonel ABRAHAM M. EDGE, M.D., and Captain HENRY R. HUTTON, M.B., have resigned their commissions, May 3rd.

First Northumberland Field Ambulance.—JOSEPH W. CRAVEN, M.B., late Cadet Quartermaster Sergeant, Durham University Contingent, Senior Division, Officers' Training Corps, to be Lieutenant (supernumerary), March 22nd.

First Southern General Hospital.—Major WILLIAM F. HASLAM, F.R.C.S., to be Lieutenant-Colonel, April 5th; Captain GEORGE HEATON, F.R.C.S., to be Major, April 5th.

Sanitary Service.—Major WILLIAM J. HOWARTH, M.D., from Sanitary Officer, Home Counties Division, to be Major, whose services will be available on mobilization, May 7th.

Second London (City of London) Field Ambulance.—Captain EDWIN C. MONTGOMERY-SMITH to be Major, November 14th, 1912.

Second Lowland Field Ambulance.—Captain MATTHEW DUNNING, M.B., to be Major, April 5th.

Third Lowland Field Ambulance.—ANDREW J. BROWN to be Lieutenant, April 10th.

First North Midland Field Ambulance.—Lieutenant HENRY G. W. DAWSON, M.B., to be Captain, April 7th.

First London (City of London) General Hospital.—Major WALTER A. ATKINSON, M.D., to be Lieutenant-Colonel, March 17th; Quartermaster and Honorary Captain HENRY E. L. PURCELL is granted the honorary rank of Major, April 16th.

Attached to Units other than Medical Units.—Major WALTER M. HAMILTON, M.D., resigns his commission, and is granted permission to retain his rank and to wear the prescribed uniform, May 7th. Lieutenant WILLIAM R. WILSON, F.R.C.S.I., resigns his commission, May 7th. Surgeon-Lieutenant ELLERINGTON R. TURNER, M.B., from Sixth (Banff and Donside) Battalion, Gordon Highlanders, to be Captain, April 1st. Lieutenant ANDREW B. MURRAY, M.B., to be Captain, December 5th, 1912, JAMES A. STEPHEN, M.B., to be Lieutenant, April 16th. ALEXANDER S. M. MACGREGOR, M.D., to be Lieutenant, April 25th. Lieutenant-Colonel and Honorary Surgeon-Colonel FRANCIS J. WALKER, M.D., and Major WILLIAM ROXBURGH, M.D., have resigned their commissions, and are granted permission to retain their rank and to wear the prescribed uniform. Captain JOHN W. PRIDMORE resigns his commission, May 21st.

For Attachment to Units other than Medical Units.—HORSLEY DRUMMOND, M.B. (late Captain First Northern General Hospital) to be Lieutenant, June 8th, 1912. Supernumerary Lieutenant WILLIAM R. M. TURTLE, M.B., from the Third Anglian Field Ambulance, to be Lieutenant, May 17th. GEORGE W. MASON to be Lieutenant, April 2nd. ALEXANDER CROSS MALLACE, M.B., to be Lieutenant, April 29th.

SUPERNUMERARY FOR SERVICE WITH THE OFFICERS' TRAINING CORPS.

Lieutenant GORDON C. McK. MATHISON, M.D. (serving with the University of London Contingent, Senior Division, Officers' Training Corps) resigns his commission, May 17th.

Vacancies and Appointments.

VACANCIES.

WARNING NOTICE.—Attention is called to a Notice (see Index to Advertisements—Warning Notice) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

ABERYSTWITH INFIRMARY AND CARDIGANSHIRE GENERAL HOSPITAL.—House-Surgeon and Secretary. Salary, £150 per annum.

ALNWICK INFIRMARY.—House-Surgeon. Salary, £140 per annum.

BARROW-IN-FURNESS: NORTH LONSDALE HOSPITAL.—Junior Resident House-Surgeon. Salary, £100 per annum.

BETHNAL GREEN INFIRMARY.—Assistant Medical Officer at the Infirmary and Workhouse. Salary, £100 per annum, increasing to £120.

BIRKENHEAD BOROUGH HOSPITAL.—Junior House-Surgeon (male). Salary, £80 per annum.

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL.—House-Surgeon. Honorarium, £100 per annum.

BIRMINGHAM CITY.—Assistant Medical Officer of Health. Salary, £250 per annum.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Third House-Surgeon. Salary, £75 per annum.

BIRMINGHAM: RUBERY HILL ASYLUM.—Junior Assistant Medical Officer (male). Salary, £200 per annum.

BIRMINGHAM UNION.—Assistant Medical Officer at Dudley Road Infirmary. Salary, £125 per annum.

BIRMINGHAM UNIVERSITY.—Demonstratorship in Anatomy. Stipend, £150 per annum.

BOLINGBROKE HOSPITAL, Wandsworth Common, S.W.—Gynaecologist.

BOLTON INFIRMARY AND DISPENSARY.—Third House-Surgeon. Salary, £90 per annum.

BRIDGWATER HOSPITAL.—House-Surgeon. Salary at the rate of £100 per annum.

BRIGHTON COUNTY BOROUGH ASYLUM, Hayward's Heath.—Locumtenent Assistant Medical Officer. Salary, £4 4s. a week.

BRISTOL: COSSHAM MEMORIAL HOSPITAL, Kingswood.—House-Surgeon (male). Salary, £100 per annum.

BRISTOL ROYAL INFIRMARY.—Obstetric and Ophthalmic House-Surgeon. Salary at the rate of £75 per annum.

BURNTWOOD: COUNTY MENTAL HOSPITAL.—Junior Assistant Medical Officer (male). Salary, £210 per annum, rising to £270.

CALCUTTA CORPORATION.—Health Officer. Monthly salary not less than Rs. 1500 and not more than Rs. 2000.

CAMBERWELL: PARISH OF ST. GILES.—Second and Third Assistant Medical Officer for the Infirmary, etc. Salary, £150 and £140 per annum respectively.

CANTERBURY BOROUGH ASYLUM.—Assistant Medical Officer (male). Salary, £160 per annum.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—Resident Medical Officer. Salary, £90 per annum.

CHELSEA HOSPITAL FOR WOMEN.—Anaesthetist. Honorarium, £21 per annum.

CHELTENHAM GENERAL HOSPITAL.—House-Physician. Salary, £100 per annum.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.—Senior House-Surgeon. Salary, £120 per annum.

COVENTRY AND WARWICKSHIRE HOSPITAL.—Junior House-Surgeon. Salary, £90 per annum, rising to £100.

DENBIGH: DENBIGHSHIRE INFIRMARY.—House-Surgeon. Salary, £100 per annum.

DENBIGH: NORTH WALES COUNTIES ASYLUM. — Medical Superintendent. Salary, £500 per annum, increasing to £700.

DEVON COUNTY ASYLUM, Exminster. — Third and Fourth Assistant Medical Officers. Salary, £200 per annum, rising to £250 and £220 respectively, with further increase on promotion to £350.

DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon. Salary at the rate of £75 per annum.

DEWSBURY UNION.—Resident Assistant Medical Officer of the Workhouse (female). Salary, £100 per annum.

DUBLIN: ROYAL HOSPITAL FOR INCURABLES. Donnybrook.—Resident Medical Officer (male). Salary, £120 per annum.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—(1) Medical Officer (male) to the Casualty Department. (2) House-Physician (male). (3) House-Physician and Assistant Casualty Officer. Salary for (1) £100 per annum, and for (2) and (3) £75 per annum.

EDINBURGH: THE HOSPICE.—Medical Woman to act as Resident. Honorarium, £25 per annum.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.—House-Surgeon. Salary at the rate of £100 and £75 per annum.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—Assistant House-Surgeon. Salary at the rate of £80 per annum.

GILBERT AND ELLICE ISLANDS PROTECTORATE.—Medical Officer. Salary, £350 per annum, rising to £550.

GLASGOW MATERNITY AND WOMEN'S HOSPITAL.—Two Outdoor House-Surgeons at the Hospital and an Outdoor House-Surgeon at the West End Branch.

GUY'S HOSPITAL, S.E.—Honorary Anaesthetist.

HALIFAX: ROYAL HALIFAX INFIRMARY.—Third House-Surgeon (male). Salary, £80 per annum.

HEREFORD COUNTY AND CITY ASYLUM, Burghill.—Assistant Medical Officer (male). Salary commencing £155 per annum.

HERTS COUNTY ASYLUM, St. Albans. — Locumtenent Assistant Medical Officer. Salary, 4 guineas a week.

HOVE: LADY CHICHESTER HOSPITAL. — Resident House-Physician (female). Salary, £30.

ITALIAN HOSPITAL, Queen Square, W.C.—House-Surgeon. Salary at the rate of £60 per annum.

KETTERING AND DISTRICT GENERAL HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

LANCASTER: COUNTY ASYLUM. — Assistant Medical Officer. Salary, £150 per annum.

LINCOLN MENTAL HOSPITAL.—Assistant Medical Officer. Salary, £150 per annum.

LIVERPOOL: PARKHILL SANATORIUM. — Assistant Resident Medical Officer. Salary, £150 per annum, increasing to £200.

LIVERPOOL STANLEY HOSPITAL.—Honorary Physician.

LONDON HOSPITAL, E.—Two House-Surgeons in the Dental School.

LONDON LOCK HOSPITAL.—House-Surgeon and Assistant House-Surgeon at the Female Hospital. Salary, £100 and £80 per annum respectively. House-Surgeon at the Male Hospital. Salary, £100 per annum.

LONDON SCHOOL OF MEDICINE FOR WOMEN. — Dr. Edith Pechey Phipson Post-Graduate Scholarship. Value, £40 per annum.

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL.—Male Resident House-Surgeon. Salary, £120 per annum.

MANCHESTER: ANCOATS HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum.

MANCHESTER ROYAL INFIRMARY. — (1) House-Physician. (2) Junior House-Surgeon.

MANCHESTER TOWNSHIP.—Junior Resident Assistant Medical Officer for the Workhouse at Crumpsall. Salary, £110 per annum.

METROPOLITAN ASYLUMS BOARD. — Junior Male Assistant Medical Officers in the Infectious Hospitals Service. Salary, £180 per annum, rising to £240.

MILLER GENERAL HOSPITAL, Greenwich Road, S.E.—House-Physician. Salary at the rate of £100 per annum.

NEWCASTLE-UPON-TYNE: HOSPITAL FOR SICK CHILDREN.—Honorary Assistant Physician.

NEWCASTLE-UPON-TYNE: ROYAL VICTORIA INFIRMARY.—Medical Registrar.

NORTHAMPTON COUNTY ASYLUM, Berry Wood.—Junior Assistant Medical Officer (male). Salary, £200 per annum, rising to £225.

NORTHAMPTON GENERAL HOSPITAL.—House-Surgeon (male). Salary, £90 per annum, increasing to £100.

NOTTINGHAM GENERAL DISPENSARY. — Assistant Resident Surgeon (male) for Branch. Salary, £180 per annum.

PLAISTOW: ST. MARY'S HOSPITAL FOR WOMEN AND CHILDREN.—Assistant Resident Medical Officer. Salary at the rate of £80 per annum.

POPLAR HOSPITAL FOR ACCIDENTS, E.—Senior House-Surgeon. Salary at the rate of £135 per annum.

PORTSMOUTH: ROYAL PORTSMOUTH HOSPITAL.— House-Physician (male). Salary at the rate of £75 per annum.

PRINCE OF WALES'S GENERAL HOSPITAL, Tottenham, N.—(1) Honorary Physician or Surgeon to the X-Ray and Electric Department. (2) Clinical Assistants.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—Dental Surgeon for L.C.C. School Dental Cases. Salary, £200 per annum.

READING: ROYAL BERKSHIRE HOSPITAL. — Second House-Surgeon. Salary, £80 per annum.

REDHILL: EARLSWOOD ASYLUM.—Junior Assistant Medical Officer. Salary, £80 per annum.

RICHMOND: ROYAL HOSPITAL. — Assistant House-Surgeon. Salary, £70 per annum.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon (male). Salary, £100 per annum.

ROYAL EAR HOSPITAL, Soho, W.—Clinical Assistants.

ROYAL NATIONAL MISSION TO DEEP SEA FISHERMEN.—Young Medical Men on the Hospital Vessels. Salary, £4 4s. a week.

SEAMEN'S HOSPITAL SOCIETY, Greenwich.—Assistant Surgeon at the Dreadnought Hospital.

SHEFFIELD: EAST END BRANCH OF CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £75 per annum.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN. — Assistant House-Surgeon. Salary, £80 per annum.

SHEFFIELD ROYAL HOSPITAL. — Assistant House-Physician. Salary, £80 per annum.

SIERRA LEONE: PRINCESS CHRISTIAN HOSPITAL, Freetown.—Medical Missionary. Salary, £250 per annum.

SOUTHAMPTON: FREE EYE HOSPITAL.—House-Surgeon. Salary, £100 per annum.

SOUTHPORT INFIRMARY.—Junior House and Visiting Surgeon (male).—Salary, £80 per annum.

SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.—Junior House-Surgeon (male). Salary, £90 per annum.

SOUTHWARK UNION INFIRMARY. — Second Assistant Medical Officer.—Salary, £120, increasing to £140.

STOKE-UPON-TRENT: INFECTIOUS DISEASES HOSPITAL, Bucknall.—Assistant Medical Officer (lady). Salary £100 per annum.

STOKE-UPON-TRENT UNION.—Assistant Resident Medical Officer for the Workhouse and Hospital. Salary, £130 per annum.

SUNDERLAND: MONKWEARMOUTH AND SOUTHWICK HOSPITAL.—House-Surgeon. Salary, £100 per annum.

SUNDERLAND: ROYAL INFIRMARY.—Senior Resident. Salary, £150 per annum.

SURREY COUNTY ASYLUM, Netherne.—Locumtenent Medical Officer. Salary, £4 4s. per week.

TAUNTON: TAUNTON AND SOMERSET HOSPITAL.—(1) Senior House-Surgeon. (2) Resident Assistant House-Surgeon. Salary at the rate of £120 and £80 per annum respectively.

VENTNOR: ROYAL NATIONAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Locumtenent. Salary, £3 3s. per week.

WAKEFIELD GENERAL HOSPITAL. — Second House-Surgeon (male). Salary, £100 per annum.

WARRINGTON COUNTY BOROUGH.—Assistant Medical Officer of Health. Salary, £250 per annum.

WEST HAM UNION.—(1) District Medical Officer, salary £450 per annum rising to £600. (2) Third and Fourth Assistant Resident Medical Officer (males) for the Infirmary, salary, £130 and £120 per annum respectively, rising to £150 and £140.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon. Salary, £120 per annum.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

WORCESTERSHIRE COUNTY ASYLUM. Bromsgrove. — Second Assistant Medical Officer (male). Salary, £225 per annum.

CERTIFYING FACTORY SURGEON.—The Chief Inspector of Factories announces the following vacant appointments: Pontyberem (Carmarthenshire), Sawston (Cambridgeshire).

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

APPOINTMENTS.

ALLAN, C. M., M.D.Edin., District Medical Officer of the Stoke-upon-Trent Union.

BEST, W. J., M.R.C.S.Eng., L.S.A., Certifying Factory Surgeon for the Dover District, co. Kent.

CLARE, T. C., M.B., B.S., F.R.C.S., Honorary Assistant Surgeon, Leicester Royal Infirmary.

DAVIS, Edward D. D., F.R.C.S.Eng., Surgeon-Laryngologist to the Mount Vernon Hospital for Consumption and Diseases of the Chest.

ELWELL, L. B., M.B.Sydney, Medical Officer of Health, Stanthorpe Shire Council, Queensland.

GILLIATT, William, M.D., M.S.Lond., F.R.C.S.Eng., Surgeon to Out-patients at the Samaritan Free Hospital for Women, Marylebone Road, N.W.

GREENE, C. W., M.B., M.S.Camb., Certifying Factory Surgeon for the Chatham District, co. Kent.

GROSVENOR, A. A., M.D.Dub., M.R.C.S., District Medical Officer of the Hitchin Union.

GROVES, E. W. Hey, M.S., F.R.C.S., Honorary Surgeon to the Bristol General Hospital.

HIGGINS, T. S., M.B., B.S.Lond., M.D., State Medical Officer of Health for St. Pancras.

HIRD, R. B. D., M.D.Birm., F.R.C.S.Edin., Medical Referee under the Workmen's Compensation Act, 1906, for County Court Circuits Nos. 21, 22, and 36, with a view to being employed in ophthalmic cases, vice Henry Eales, M.R.C.S.Eng., deceased.

LAPAGE, C. P., M.D., M.R.C.P., Lecturer on Diseases of Children to the University of Manchester and Honorary Physician for Children to the St. Mary's Hospitals, Manchester.

LIDWILL, M. C., M.D.Melb., Tutor in Anaesthetics, University of Sydney, New South Wales.

LINDEMAN, G. B., M.B., Government Medical Officer, Gunnedah, N.S.W.

MOLESWORTH, E. H., M.B., M.Ch.Sydney, Lecturer on Diseases of the Skin, University of Sydney, New South Wales.

STEWART, M., M.B., Ch.B.Edin., Certifying Factory Surgeon for the Portree District, co. Inverness.

TAIT, J. T., M.B.Melb., Surgical Registrar to the Melbourne Hospital.

TULLOCH, F. L., M.B., Ch.B.Edin., Resident at the City Hospital, Lodge Road, Birmingham.

TURNER, A. H., M.R.C.S., L.R.C.P., District Medical Officer of the Leigh Union.

WILLETT, James H., M.D.Liverp., Ch.B.Vict., Honorary Surgeon to the Liverpool Maternity Hospital and Ladies' Charity, vice Dr. Arthur Wallace, deceased.

MANCHESTER ROYAL INFIRMARY.—The following appointments have been made:

Honorary Consulting Physician.—Wilkinson, A. T., M.D., F.R.C.P.Lond.

Honorary Physician.—Cunliffe, E. N., M.B., B.S.Lond., M.D. Vict.

Assistant Director of the Clinical Laboratory.—Walker, James, M.B., Ch.B.Vict.

Assistant Surgical Officer to the Aural Department.—Sewell, D. L., M.B., B.S.Lond., M.R.C.S., L.R.C.P.

Medical Officer at the Central Branch.—Jefferson, J. C., M.B., B.S.Lond., M.R.C.S., L.R.C.P.

Reappointments:

Sixth Anæsthetist.—Benton, G. M., M.B., Ch.B.Vict.

Medical Officer for Home Patients.—Ashton, George, M.D.

Assistant Medical Officers.—Melland, C. H., M.R.C.P.; Tylecote, F. E., M.R.C.P.; Leech, E. B., M.R.C.P.

Assistant Surgical Officer.—Douglas, W. R., F.R.C.S.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Orders or Stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

BIRTH.

CANE.—On Wednesday, May 21st, at the Minster Precincts, Peterborough, the wife of Leonard B. Cane, a son.

MARRIAGE.

PHIPSON—STOTT.—On May 14th, 1913, at St. Michael's-in-Lewes, by the Right. Rev. the Bishop of Lewes and the Rev. Henry Belcher, LL.D., Rector, Edward Selby Phipson, M.B., B.S.Lond., Captain, Indian Medical Service, youngest son of the late Ernest Thring Phipson, of Edgbaston, to Mary, youuger daughter of Hugh Stott, J.P., M.R.C.S., L.R.C.P., D.P.H., Mayor of Lewes.

DEATH.

HORSFALL.—On May 14th, at the Royal Infirmary, Huddersfield, Arthur Edward Horsfall, M.B., of Calf Key, Slaithwaite, in his 38th year, death resulting from a motor accident on May 8th.

DIARY FOR THE WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W.—8.30 p.m., Annual Conversazione. 9 p.m., The Annual Oration, Sir William Whitla: On the Trend of Thought in Recent Pharmacological Research.

ROYAL SOCIETY OF MEDICINE:

SECTION OF ODONTOLOGY, 8 p.m.—(1) Annual General Meeting. (2) Casual Communications. (3) Paper:—Mr. A. Hopewell-Smith: The Structure of the Dental Pulp in Ovarian Teratomata.

TUESDAY.

ROYAL SOCIETY OF MEDICINE:

SECTION OF MEDICINE, 5.30 p.m.—(1) Annual General Meeting. (2) Paper:—Dr. H. A. Lediard: Cases of Chyliform Effusion, and the Chemistry of Such Effusions.

SECTION OF PSYCHIATRY, 6 p.m.—General Meeting. Election of Officers and Council for Session 1913-14.

WEDNESDAY.

ROYAL SOCIETY OF MEDICINE:

SECTION OF THE HISTORY OF MEDICINE, 5 p.m.—(1) Annual General Meeting. (2) Papers:—Dr. Chowry Muthu: The Ancient Systems of Indian Medicine. Dr. Galloway: The Priory of Ronceval at Charing, Middlesex. Dr. Nixon: Further Notes on Thomas Dover. Mr. Macleod Yearsley: (1) Two Relics of John Avery, F.R.C.S.Eng., sometime Surgeon to Charing Cross Hospital; (2) Elegant Medical Prescriptions for Various Disorders, by Dr. Hugh Smith, 1796.

SATURDAY.

ROYAL SOCIETY OF MEDICINE:

SECTION OF BALNEOLOGY AND CLIMATOLOGY.—Provincial Meeting at Bournemouth.

POST-GRADUATE COURSES AND LECTURES.

BROMPTON HOSPITAL FOR CONSUMPTION.—Wednesday, 4.30 p.m., Lecture on the Site of Tuberculous Lesions at Different Ages.

LONDON SCHOOL OF CLINICAL MEDICINE, Dreadnought Hospital, Greenwich.—General Medical and Surgical Clinics, daily. Throat, Nose, and Ear: Monday and Thursday. Skin: Tuesday and Friday. Eye: Wednesday and Saturday. Pathology: Wednesday. Radiography: Saturday. Special Lectures each week.

LONDON SCHOOL OF TROPICAL MEDICINE, Royal Albert Dock, E.—Lectures daily (Saturday excepted) at 12 and 4 p.m. Practical laboratory work daily (Saturday excepted), 10 to 12 a.m. Practical Protozoology, 2 to 3.30 p.m. daily. Advanced Protozoology, 10.30 to 1 p.m. daily. Medical Clinics, Tuesday and Thursday, at 3 p.m. Operations, Friday, at 3 p.m.

MANCHESTER: ANCOATS HOSPITAL.—Post-graduate Clinic, Thursday, 4.15 p.m., Stricture of the Urethra.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC, 22, Chenies Street, W.C.—The following Clinical Demonstrations have been arranged for next week at 4 p.m. each day: Monday, Skin. Tuesday, Medical. Wednesday, Surgical. Thursday, Surgical. Friday, Ear, Nose, and Throat. Special Lectures at 5.15 p.m. daily except Saturday.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Tuesday, 3.30 p.m., Cerebellar Disease. Friday, 3.30 p.m., Tumour of the Spinal Cord.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Medical and Surgical Clinics and Operations at 2.30 p.m. daily. Also Monday, Throat; Tuesday, Gynaecology; Wednesday, Skin, Eye, Children, *X* Rays; Friday, Eye. Special Lectures and Demonstrations as announced.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—Monday, 4 p.m., Demonstration of Selected Surgical Cases.

ROTUNDA HOSPITAL, DUBLIN.—Continuation of the Post-graduate Course on Obstetrics and Gynaecology daily throughout the week except Saturday.

THROAT HOSPITAL, Golden Square, W.—Monday, 5.15 p.m., Special Demonstration on Selected Cases. Thursday, 5.15 p.m., Clinical Lecture.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith Road, W.—Medical and Surgical Clinics, *X* Rays, and Operations, 2 p.m. daily. Gynaecology: Monday, Tuesday, Wednesday, and Friday. Eye: Monday, Wednesday, Thursday, and Saturday. Throat, Nose, and Ear: Tuesday, Wednesday, Friday, and Saturday. Skin: Tuesday and Friday. Pediatrics: Wednesday and Saturday. A Lecture at 5 p.m. every day except Saturday.

[For further particulars of Lectures consult the Index to Advertisements.]

DIARY OF THE ASSOCIATION.

Date.		Meetings to be Held.
		MAY.
24	Sat.	List of Nominations for Election on Council will be published in the JOURNAL of this date.
28	Wed.	Bath and Bristol Branch, Annual Meeting, Bath, 5.30 p.m.
		Inverness-shire Division, Annual Meeting, Inverness, 3.30 p.m.
29	Thur.	Northamptonshire Division, Northampton General Hospital, 2.30 p.m.; Luncheon, 1.30 p.m.
		Worcestershire and Herefordshire Branch, Malvern, 4.15 p.m.
30	Fri.	London: Journal Committee, 2.30 p.m.
		City Division, Annual Meeting, Balfour Hall, Kingsland Road, 3.30 p.m.
		JUNE.
4	Wed.	South Middlesex Division, Annual Meeting, Twickenham, 8.30 p.m.
5	Thur.	Coventry, Nuneaton, and Tamworth Divisions, Annual Meeting, Coventry Hospital, 3.30 p.m.
		JUNE (*continued*).
6	Fri.	London: Ethical Committee, 2 p.m.
		Hampstead Division, Annual Meeting.
7	Sat.	Date of issue of Voting Papers for Council Election from Head Office.
11	Wed.	South-Eastern Branch, Annual Meeting, Guildford, 1.30 p.m.; Luncheon, 12.45 p.m.; Annual Dinner, 6.30 p.m.
13	Fri.	London: *Special Meeting of Council, 11 a.m.* (Reform of Constitution.)
		Kensington Division, Annual Meeting, Kensington Town Hall, 5 p.m.
14	Sat.	Last day for receipt of Voting Papers at Head Office *re* Council Election.
17	Tues.	London: Organization Committee, 2.15 p.m.
19	Thur.	Birmingham Branch, Annual Meeting, Medical Institute, 3 p.m.
20	Fri.	East Hertfordshire Division, Annual Meeting, Ware, 2.30 p.m.
25	Wed.	London: Finance Committee, 2.30 p.m.
		Central Division, Annual Meeting, Medical Institute, Edmund Street, 3.30 p.m.
28	Sat.	Announcement of result of Election of Members to Council.

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